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CLINICAL LECTURES ON SURGERY,

DELIVERED AT THE

HOTEL DIEU, PARIS,

BY

M. LE BARON DUPUYTREN,

During the present Session, 1833.

[Revised (before translation) by the Baron himself in the fasciculi of his "Leçons Orales de Clinique Chirurgicale," published periodically by G. Baillière, Paris.]

HARE-LIP.

Period for performing the Operation.

THE operation for hare-lip, though very simple in the majority of cases, nevertheless presents two capital points, which are still undecided in its history. I allude to the period at which the operation should be performed, and the treatment applicable to a certain complication of the disease, which has not hitherto been observed with sufficient accuracy.

Respecting the first of these questions, the most different opinions have been advanced. Many practitioners think we should wait until the children become sensible of their deformity. They found this notion on the greater thickness of the lips at this period, and the necessity of a firmness in their tissue, in order to support the suture. Some surgeons believe it better to wait until the third year, except in the cases where suckling is impeded or prevented by the malformation. At this age they say that the tissues are more solid, and can better support the needles, at the same time that their extensibility is as great as in early infancy. It is presumed, too, that children three years old will be more rational than mere babies, and submit with more facility to the precautions essential to success.

On the contrary, however, others have believed that we may operate on new-born infants, both on account of the greater vascularity of the lips, and the consequently rapid healing of the wound, and from the infant's not yet having acquired the habit of performing movements of suction.

With respect to these ideas, I may observe, that it is by no means safe to operate at the moment of birth; the flesh is too soft, too readily divided by the needles; moreover, the general mortality, independently of special causes, being greater among new-born infants than at any other period of life, it would be imprudent to augment the chances of death already hanging over the new-born infant, by the addition of the chances of death in consequence of this operation. It would doubtless be of consequence to operate very early, in order to impart to the infant the faculty of suction. But this habit of suction is one of the causes which most completely oppose the success of the case. Could this inconvenience be avoided, the operation at birth would have a powerful argument in its favour; but the infant sucks by instinct, even before ever applied to the breast. The obstacle is thus as powerful at first, as it is later in the case. As for operating at four or five years, in the expectation of finding more docility and courage in the patient, experience is enough to undeceive those who assign such motives for their practice. Children from four to five, have just enough of reason to foresee, perceive, and recollect pain, but they are not rational enough to endeavour to support it; they make every exertion to escape it, and do their utmost, in short, to frustrate the operation. Sometimes, though very rarely, we meet with a certain degree of docility in little girls, who are supported by their natural coquettishness, and whose vanity is readily excited. Boys, being insensible to this motive, are completely intractable. I think, then, that every circumstance renders the early operation preferable—say at three months. Life is then more certain; the infant perceives pain, it is true, but forgets it the instant it is past, and does nothing designedly to interfere with the treatment. I have practised the operation at this age for a great length of time, and have always found it successful, the reunion of the parts occurring with wonderful rapidity.

Deformity after the Operation, from a Projecting Median Tubercle.

But there is another point in the operation to which I wish to call your attention. When there is a projecting median tubercle, with two very distinct lateral fissures, the sustaining bony part is cut away, or else an attempt is made to replace it. The authors who have reported cases of success under these circumstances, have, doubtless, thought the resulting deformity a matter beneath their notice. Nevertheless, this is well worth being attended to. Whenever the median tubercle projects anteriorly, we must carefully remark where it is inserted into the septum of the nose, for it is on this that the degree of projection, and the proceedings to be observed, depend in numerous cases. When the insertion is near the point of the nose, and the tubercle is attached to the lateral parts of the lip, these draw it backwards, the point of the nose follows the movement, the alæ are separated, and the entire nose remains flattened, crushed, of most uncouth aspect, more like the snout of an animal than anything else. I more than once have had to regret, when I performed operations of this kind, that in exchange for one deformity I left my patient another little less unsightly. But what would not the deformity amount to, were the tubercle inserted precisely on the tip of the nose? This occurrence, which authors have forgotten, is by no means rare. I have seen it several times. A short while ago, I was called on to operate in a case of hare-lip of this kind. Struck with the deformities resulting from the ordinary method, I accordingly devised the following plan:—The fleshy tubercle is separated with the bistoury from its osseous support. This is cut out with the bone nippers. The fleshy portion, the edges of which have been refreshed, is next brought horizontally backwards, and employed altogether in forming a septum, or lower part of a septum nasi. Then, whether we wait for re-union first, or finish the operation on the instant, the hare-lip, brought to a state of its utmost simplicity, is operated on in the usual manner, and united with needles. A bandage suffices to retain the tubercle in its place. I tried this plan some time since on an infant who was unfortunately excessively intractable. When the first dressing was removed, a slight discharge of blood was occasioned by the little patient's movements. The assistant thought he could do nothing better than seize the tubercle with his fingers to arrest the bleeding, and he thus broke all the adhesions, which were still rather soft. Nevertheless, the hare-lip operation was performed, and the needles put in their places, though with the utmost difficulty, from the continued struggles of the child. At length, by dint of care, the hare-lip was united inferiorly, but above these remained a division of about the diameter of a pin's head.

It is only when the labial tubercle is inserted near the osseous nasal spine, that the indication exists for preserving this spine as an integrant part of the lip. In these cases, a portion of the subjacent osseous tubercle is also removed. M. Malgaigne, in an article recently published in the *Gazette Médicale*, advances the opinion that this plan is not always devoid of inconveniences, the most serious of which is the ablation of the dental germs of two, three, or even four, incisor teeth. We shall, subsequently, see that this objection is far more specious than real.

Case.—*Operation for Hare-lip, terminating fatally, by Gangrene.*

That the operation of hare-lip is not always exempt from danger, the following case suffices to show. Early in August last, a child æt. three months was received at the Hôtel Dieu, affected with a double congenital hare-lip, of sufficiently complex nature. At the right side, the division occupied the entire depth of the lip, all the palatine vault and velum palati. To the left the fissure was less extensive. The central tubercle was inserted pretty close to the nasal spine, so that it was deemed possible to make use of it for the formation of the new lip. It was, consequently, separated from the bony tubercle, which was excised with scissors, and which contained the germs of two incisor teeth. The rest of the operation was reserved for another day. A little blood escaped at first, and then the hemorrhage apparently ceased, but the efforts of suction of the infant soon caused it to recur, and cauterization became necessary. The blood already swallowed was partly passed by the dejections. On the day appointed for the operation, the infant was too weak, and it was postponed, the weakness however increased, the median flap became gangrenous, and the child very soon died.

No autopsy was permitted. Several circumstances, among which we must note the abundant loss of blood, and the stay of that fluid in the digestive organs, may, consequently, compromise the life of the patient. A fatal termination is, however, excessively rare. Blood, when swallowed, is never digested; in general it is returned by vomiting, but if it remains in the digestive tube, it is soon altered, becomes a point of irritation, and determines pain and purging. We should accordingly promote

its expulsion, when too long delayed, by the use of purgative injections. The flow of blood into the mouth determines, moreover, a sucking movement of the lips, and may occasion the destruction of the cicatrix, if this has even been formed.

You have seen the very young infant I operated on in town for this variety of hare-lip. The middle tubercle was inserted nearly into the tip of the nose; still you have seen that my mode of operation completely prevented the flattening of the nose; but as in this case you merely saw the result, and want precise data respecting the extent of the deformity and the circumstances of the operation, I avail myself of another case, which you have now before your eyes, and the history of which I shall state, in order to leave no doubt in your minds respecting the advantages of this method.

CASE. — *Congenital Double Hare-lip. — Labial Tubercle inserted into the Nose. — Operation and complete Success.*

Louise Roucon, ætat. 14, admitted at the Hôtel Dieu early in October, affected with an extremely complicated double congenital hare-lip. In fact, the middle osseous tumour formed by the incisive bones, formed a projection anteriorly, which exceeded by half an inch the plane of the superior maxillary bones. Of the four incisor teeth it supported the two central, very large, directed downwards, and inclined forwards by their outer edges, so that the reunion of the inner edges formed an angle above. In front of the osseous tubercle was a fleshy one, nearly circular, arising immediately from the end of the nose, from which it was only separated by a scarcely sensible furrow, and projecting so far forward, that it seemed continuous below with the nose. External to this middle portion, both the openings of the nostrils were confounded, by two large clefts, with the opening of the mouth. Behind, both these clefts ended in a single division, which divided the palatine vault in its entire length, the velum palati, and the uvula. There resulted, consequently, a horrible degree of deformity externally, and, internally, a free communication between the nasal fossæ and the mouth. On the 5th of October the young patient was operated on in the following manner:— She was seated in front of the operator, the head held back and firmly supported on an assistant's breast. The mucous fold which joined the cutaneous tubercle to the osseous prominence, was divided with a bistoury, and then, with very sharp cutting nippers, as much of this bony part was removed as passed beyond the anterior plane of the superior maxillary bone. This first period of the operation finished, the lateral edges of the internal tubercle were renewed with a bistoury; then its lower margin, and, lastly, the vertical borders of each lateral portion of the lip were pared with scissors, in order to present a new surface. All these incisions being completed, the union of the parts was practised thus. A needle, plunged about a line from the refreshed edge of the left side of the lip, very near its free margin, was directed obliquely from below upwards, and from without inwards, including about one half the substance of the soft parts. The needle was then made to cross the other side, in the inverse direction, that is, from above downwards and within outwards. This proceeding, which however is not a new one, was practised with a view to favour the formation of a median projection in the lip. The first needle being fastened by a loop of thread, the second was placed transversely, about a line and a half above the first. The third needle, longer than the others, had a more complex object to fulfil. In the first place the cutaneous tubercle, bleeding from all its surfaces except its root and internal surface, was bent backwards, so as to be applied on the osseous septum of the nose, its external surface now becoming inferior, thus altogether forming a new nasal column. The third needle comprised then the upper extremity of each portion of the lip, and the free extremity of the new septum. Lastly, two points of interrupted suture united each angle to the labial portions of the wound. The three needles were now surrounded with loops of thread in the ordinary way, adhesive straps were applied above, and the entire was covered and supported by a bandage, which at the same time that it compressed the cheeks, tended to bear them forwards, and was supported on the nose in several of its folds, in order to prevent any disturbance of the new septum. The tip of the nose was allowed to protrude through an opening in this part of the bandage, the slipping off of which was thus much impeded.

The patient was immediately replaced in bed, and put on strict diet and diluent drinks. For the first three days everything went on well. On the 8th of October, intense and insupportable pain occurred. On the night of the 9th of October, hemorrhage took place, but (M. Dupuytren being absent by illness) nothing was attempted to be done. The hemorrhage recurred next night, and on the following morning the external bandage was removed, and as the two sections of the lip had not been deranged, the needles and adhesive straps were allowed to remain. The new septum, however, was of a greyish-black

colour, and furnished a flow of sanies of such a fetid smell, that gangrene was apprehended. It was washed with wine. The upper edge of one of the straps which pressed too much on the base of the septum, was removed by a semicircular cut, and the external bandage was now reapplied. In four days the septum had regained a vermilion colour, and cicatrization was advanced, and on the 26th it was nearly complete. It was perceived now that the new columna was too large, and that it would be necessary to diminish it, which was done a few days afterwards by paring away a portion, about a line broad, from each side, with a forceps and bistoury. A small artery having been divided, a pledget was introduced into each nostril to keep it dilated, and the last incisions being cicatrized in their turn, the operation was crowned by complete and most remarkable success. The nose, originally so uncouth, was now quite of natural appearance, its tip free from flatness, and even of an agreeable form. The upper lip, despite the immense loss of substance it had suffered, was much less contracted than might have been expected. It was pinched in the centre, and notwithstanding the precautions taken to have a projection in the centre, the centre was, on the contrary, marked by a deep hollow. The lower lip seemed a little larger than natural. On the whole the mouth closed well, and the patient's aspect was passable. It would be difficult to imagine a deformity arising from hare-lip more hideous than that this girl presented before the operation. Not to mention the impediments it opposed to articulation, mastication, and deglutition, the two anterior fissures terminated posteriorly in one of the palates.

The first part of the operation being only intended to remedy the external division, the next object was to combat the separation of the maxillary bones, by a bandage nearly of the same form as those employed in inguinal herniæ, and ending in two cushions. On the 19th of December the little patient was in a very good way. The hollow in the upper lip had much diminished. She stated before the pupils, that she could perceive with her tongue that the anterior extremities of the bones were considerably approximated. The distance was now accurately measured with a compass. The cushions should be applied a little behind the cheek bones, where there is a quantity of cellular tissue that prevents the occurrence of pain. As the bandage, however, was exposed to some objections, M. Charriere and I, after many unsuccessful attempts, constructed an apparatus which has had the best effects. Three months after the operation Louise Roucon was again brought to the amphitheatre. In the interval the bones had approached each other a line and a half. She still had a nasal sound of voice, but executed well the movements of suction and prehension. The sections of the palatine vault had commenced to touch each other, and everything promised that the reunion would prove complete. To the pressure exercised by M. Charriere's instrument was added that of the fingers frequently applied during the day.

Theory of the Deformity.

An attempt has recently been made to explain this malformation on the supposition of "arrest of development." According to this system, the upper lip was primitively formed of three distinct portions, which only become re-united at an advanced period of intra-uterine life. What adds weight to this opinion is, that the middle portion of the superior maxillary bone, which ordinarily supports the central labial tubercle, presents, even in adult age, traces of separation from the bone to which it adheres, and, for this reason, it has received from anatomists the name of "incisive" or "intermaxillary" bone. This was at first my own conviction, but, subsequently, trustworthy observers, who have paid special attention to osteogony, having assured me that they had never seen the "incisive" bone, or, still less, the middle portion of the lip, separated from the lateral portions at any epoch of fœtal life, I confess that I now entertain strong doubts of the correctness of the opinion I at first entertained. But here physiological ideas are but of little importance compared with the surgical proceedings. It being impossible to join the middle tubercle to the lateral parts of the lip, let us suppose what effect would have been produced by the new lip descending immediately from the tip of the nose,—the lip drawn up, leaving bare the teeth and gums, the nose dragged down, flattened, crushed, and like a calf's muzzle. This result being rejected, it became impossible to preserve the osseous tubercle altogether, for the deformity would thus be but partly remedied. The only reason, moreover, which militated for the conservation of this bony prominence was, the presence of the four incisor teeth, which should be removed along with it. But their vicious disposition would have rendered their preservation but of little use, and the deformity would be greater than ever. At all events, it is prudent to remove only as much of the tubercle as passes beyond the maxillary bones; for the part that is

left behind, though but of inconsiderable extent, will always be sufficient to fill up to a certain extent the median line of the palatine vault.

ANTHRAX.

Its Nature, and Distinction from Furuncle, Charbon, and Malignant Pustule.—Prognosis and Treatment.—Illustrative Case.

The affection called "anthrax" is nothing else than an inflammation of several parcels of the cellular tissue contained in the areolæ of the epidermis. To understand its mechanism well, we must say a word about the structure of this deep layer of the skin. The dermis is thick, white, and elastic, more consistent on its external than its internal surface, composed of fibres, which by their interlacement form areolæ, irregularly placed alongside each other. Each of these areolæ is filled by a parcel of cellular tissue, which sometimes imbibing a quantity of oily fluid, distends to excess the cell in which it is contained. These numerous areolæ have almost all a conical form. Their summit corresponds with the reticular substance; their base with the internal surface of the skin, which everywhere reposes on a couch of cellular tissue. They do not terminate in *cul de sacs* towards the external surface of the fibrous part of the skin, but by an infinity of small holes of oblique direction, which are extremely apparent in a piece of skin macerated for some time.

This definition of anthrax shows that it does not differ from furunculus, but in its extent, and in the multiplicity of the cellular partitions simultaneously inflamed. Like furuncle it occurs on those parts of the body where the skin is most dense, and the cellular tissue most developed and abundant; thus the neck, shoulders, dorsal regions, the parietes of the thorax, and the nates, are most exposed to its attacks. Still, anthrax cannot be confounded with furuncle, from which it differs in its volume, which is always much greater. The most multiplied furuncle, too, only opens at its summit. The skin which covers it is of a faint red colour; the anthrax, on the contrary, is livid, almost invariably solitary, and presents numerous small openings, placed here and there on its surface. Anthrax has often been confounded with the "charbon" and malignant pustule, varieties of a disease essentially gangrenous, while gangrene, on the other hand, is only a consequence of strangulation in anthrax. This affection, moreover, is never contagious, while the two others are so almost invariably. Incision is the true mode of curing anthrax—the "charbon" and furuncle absolutely require the actual cautery. One has its seat in the cellular tissue of the dermis, the others in the reticular substance or subcutaneous cellular tissue. Anthrax is not necessarily accompanied by an adynamic or ataxic affection. The "charbon" and the malignant pustule are almost always preceded or accompanied in some of their periods by one or other of these conditions.

The prognosis in anthrax depends on the part of the body it occupies, its volume, its duration, the degree of the inflammation, and the general state of the patient. Anthrax of the neck or back, is thus much more serious, *cæteris paribus*, than one before the clavicle or on the chest. The prognosis is still more unfavourable if the anthrax is voluminous, if gangrene has already supervened, if inflammation persists to an intense degree, and if the patient has been debilitated by any anterior cause.

The nature of anthrax once being known, its treatment becomes a matter of ready induction. Like all inflammations with strangulation, the treatment here consists in the methodical employment of incisions, which should extend to the entire depth of the anthrax, and the extremities of which should proceed two or three lines beyond the limits of the disease. If the tumour is very voluminous, an incision must be made in the long diameter of each flap. The strangulation and pain thus at once cease. Pressure on the tumour causes the discharge of a viscous pus. A large quantity of blood also escapes, which contributes not a little to subdue the inflammation. The wound is then dressed with pledgets steeped in a slightly exciting decoction, and the tumour is covered with an emollient poultice. Bitters and laxatives are given internally. If the anthrax have existed on the back, the patient must avoid the supine posture, for the skin would then become gangrenous notwithstanding the incision.

The efficacy of free incisions in the treatment of anthrax is attested by numerous cases; amongst others by two recorded in the Thesis of M. Codet, lately "interne" at the Hôtel Dieu. Since 1831, several other cases have presented themselves, and have been similarly treated, generally speaking.

Every anthrax left to itself necessarily becomes gangrenous, and an ulcer results, the extent of which is in proportion to that of the dead parts. If the edges be hard and elevated, we must employ emollients; when collapsed, they are brought together with adhesive straps, and dressed with pledgets of cerate and charpie, either dry or imbued with various medicaments,

according to the degree of excitement. If the skin be thick, and adherent to a certain quantity of cellular membrane, the reunion is almost always secured. If on the contrary the skin be thinned, and devoid of adipose tissue in its interior surface, we are often obliged to remove it, after the resection of the edges has been attempted in vain. Simple dressing is then applied, and the patient placed on the use of bitters and mild laxatives. Sometimes the aponeurosis, and even the muscles, are destroyed, but these circumstances cause no change in the treatment.

When the ulcer is very large, and the suppuration abundant, tonics are necessarily employed. These statements are illustrated by the following case:—Jean B. Cœur de Roy, ætat. 49, of strong constitution, experienced pain for two or three months between his shoulders, when on the 24th January 1813, a small tumour appeared, in appearance like the head of a nail. There was no inclination to vomiting, no loss of appetite. The tumour increased rapidly, and in less than twenty-four hours there was formed an inflammatory swelling of prodigious size. It was remarkable that the patient, whose left eye was very weak-sighted, regained its strength of vision immediately after the appearance of the anthrax. Four days were next spent in the most intense pain. The tumour then opened spontaneously in several points, parcels of cellular tissue escaped, and on the 7th of May, twelve days after the attack, the skin was entirely destroyed. On the 15th he entered the Hôtel Dieu, having an ulcer four or five inches in diameter, and the surrounding skin being all separated. The edges of the wound were now brought towards each other by bandages, &c.; its edges were open; the sore simple; taking care to exercise slight compression on the edges of the ulcer, which was soon reunited. The patient left the hospital on the 5th of April not yet perfectly cured, although he had entered on the 7th day of the disease.

We may conclude what we have to say on the treatment of anthrax, by observing, that we must continue at each dressing, and until the parts are fully degorged, the pressure designed to favour the escape of the remains of the gangrenous cellular tissue.

The combination of mental and manual dexterity in the reduction of dislocations is much more general and successful in France than Great Britain, as all will allow who have witnessed the amusing and instructive scenes which take place in the Hôtel Dieu.—*Mr. Crampton. Dub. Jour.*

CASE OF POISONING,

TRIED AT PARIS BEFORE THE "COURS ROYALE" OF THE MAINE AND LOIRE.

Drawn up by M. ORFILA.*

In the month of August 1832, a couple named Terrier, and their mother, then in good health, experienced severe colic and nausea, followed by violent vomiting, after having eaten of cabbage soup. The young girl Terrier, their niece, who had eaten of the same soup, was attacked with the same symptoms. A man named Chardon, to whom the Terriers supplied soup, experienced similar accidents at the same time. All these symptoms were renewed with increased intensity on the same individuals using the part of the soup which remained from the first meal. The husband Terrier died in 48 hours, and his mother in 72 *days* after. His widow recovered, after being confined to bed for eight months; but she remained in a state of incurable infirmity, which rendered her incapable of working at any employment.

The medical men who attended the patients could affirm nothing respecting the causes and nature of the disease. Two of them, however, attributed the death to gastro-enteritis. The bodies were buried, and Urbain X. was called to inherit their property. It was then ascertained, that some years previously, this man had purchased a pound of arsenic. Another couple, Moreau, were the brother and sister-in-law of Urbain. On the 24th July 1832, he came to dine with them, and, chatting about the quality of their new corn, he asked to see it. The woman Moreau, who was about to bake, had recently put flour in her chest. She showed this flour to Urbain, who took up a handful of it, and in a few seconds threw it back again into the chest, saying it was better than his. The 26th of the same month the woman Moreau made her bread. Her husband and son, herself, and ten other persons, ate of it, and all were attacked with a violent colic and frequent vomiting. If they resumed the use of that bread, the accidents recurred. When its use was abstained from, they ceased. Bread was then made with other flour proceeding from the same corn, and ground at the same time, and this produced no ill effect. The woman Moreau did not recollect of any other person but Urbain having called on them. Had she and her son died, Urbain would have inherited their fortune.

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* Annales d'Hygeine Publique et de Médecine Legale, &c.

On the 2nd August 1832, two chemists were commissioned to analyze the bread in question. It was a loaf of fine quality, weighing between 13 and 14 pounds, of rather brown colour, baked three or four days; its taste, without being disagreeable, yet *left a peculiar acrid sensation, which lasted a long time*, but having nothing metallic. A considerable quantity of sand was also found on chewing it. The experiments made with tests led the analysts to conclude, 1st. That the bread contained no trace of arsenic, mercury, zinc, antimony, or their compounds; 2nd. That it contained atoms of copper and iron, with phosphate of lime and magnesia. Still, before giving a positive opinion respecting the absence of a poison, the examiners had recourse to the following experiment. A middle-sized dog ate at 9 a.m. about three ounces of the bread mixed with a little meat; in a quarter of an hour after, he vomited, without making much exertion. This experiment was repeated several times with similar results. An alcoholic extract of the bread had the same effect. These different results led the experimentalists to believe, that if the bread contained no mineral poison, it still might contain one of a vegetable kind. They consequently begged the attorney-general to have recourse to other assistance. Two Parisian chemists were accordingly designated to proceed to the analysis, and especially to direct their researches to the detection of a vegetable poison. It apparently resulted from these new experiments, that the bread contained no arsenic or any other mineral poison, neither was any poisonous vegetable substance pointed out. The analysts here were perhaps led away from the performance of a concatenated series of experiments by the state of the bread, which was considerably mouldy.

On the 22nd last Nov. I was directed by the procureur-general of the Maine and Loire, to make a new examination of the suspected bread, and I detected in it a notable quantity of arsenious acid. The *procès-verbal*, attesting this fact, arrived at the instant when the public prosecutor was speaking on the trial. This evidence turned the scale, and the accused Urbain was condemned to death.

It seems to me a matter of importance to establish succinctly the experiments made to arrive at the indicated result, and to point out the causes which led to the mistakes of the four preceding experimentalists.

The bread having been cut into pieces was treated with cold distilled water, the liquor filtered, and then tested by concentrated liquid hydro-sulphuric acid (solution of sulphuretted hydrogen). The fluid became instantly yellow, but was not sensibly troubled. Some drops of muriatic acid were added to precipitate any sulphuret of arsenic which might form. The liquid was so little troubled, that it would be difficult to suspect what was subsequently to happen. In fact it was *only after some days* that there was deposited a yellow precipitate, consisting of the sulphuret of arsenic and organic matter. Had we only waited twenty-four or forty-eight hours, no precipitate would have been obtained, and hence probably arose the errors of the previous experimentalists.

However this may be, the precipitate was separated and washed repeatedly in distilled water, then placed on a little filter, and washed with very weak ammonia, by which the sulphuret of arsenic was dissolved, and the organic matters left. This proceeding was frequently repeated, the ammoniacal solution then evaporated to dryness, the residuum mixed with a little charcoal and carbonate of potass. The mixture was then *toasted*, by holding the watch-glass at a certain distance from live coals, with a view to decompose any animal matters, which the sulphuret of arsenic might still contain. The watch-glass and its contents were then pulverized in a mortar, and the powder introduced into a tube, the upper extremity of which was drawn out in the spirit-lamp. The part containing the mixture was then brought to a red heat, when metallic arsenic quickly appeared.

I should remark, 1st, that it is important when we act on a small quantity of matter, to calcine it together with the ground watch-glass, because without this precaution we should often fail in detaching the sulphuret of arsenic; 2nd, that we must not push the previous torrefication too far, lest we decompose and volatilize the sulphuret of arsenic, or even reduce and lose the metal in the atmosphere. In conclusion, I think it my duty to insist specially on the process which should be constantly adopted when we endeavour to reduce the metal from very small particles of arsenious acid, or of the sulphuret of arsenic. The tube should be narrowed and drawn out in the spirit-lamp. The oxydation of the metal should also be accomplished by placing the metal in a tube open at both ends, and of moderately large size. Metallic arsenic is, moreover, recognised, 1st, by its physical properties; 2nd, by its garlic smell; 3rd, by the faculty it possesses of dissolving in warm nitric acid, and affording by the evaporation of the liquid a white mass, which being dissolved in distilled water and

treated while warm in a phial with liquid sulphuretted hydrogen, affords in a few seconds a yellow precipitate of sulphuret of arsenic, soluble in ammonia, which deprives it of its colour.

THE

MALIGNANT CHOLERA

IN

OPORTO IN 1833.

To the Editor of THE LANCET.

Her Most Faithful Majesty's Ship *Rainha de Portugal*, Oporto Roads, May 8, 1833.

SIR,—Although the mania for investigating the different and extraordinary circumstances, symptoms, and phenomena, connected with that wide-spreading calamity cholera morbus has somewhat subsided, the following *facts* may not be unacceptable.

I may be excused, probably, saying a few words respecting myself. I should not do so, but that I conceive them necessary, in order to validate what I am about to communicate. I had charge of a hospital at Warsaw, containing upwards of three hundred patients labouring under the above malady. I volunteered my assistance to Mr. Searle, who I believe is known to you, as also is his line of practice, and the theory on which he founds it. Every day I live, and every opportunity I have of acquiring knowledge on the subject, convinces me, more and more, of the truth of the views he has taken of the nature and treatment of this mysterious malady. Having premised so much, I hasten to a subject which may possess more general interest—viz. the entrance and exit of the disease at Oporto.

Marshal Solignac arrived in Vigo Bay in the *London Merchant*, steamer, with four hundred veterans belonging to the disbanded Belgic Battalion, on the 30th of last December. A report having been made to the flag-ship *Rainha de Portugal*, that a disease closely resembling that of the cholera morbus had carried off nine or ten of the passengers, I was ordered by the admiral to visit the vessel. On my arrival, I discovered that blue cholera really existed on board, and that fifteen men were on their backs with the disease, all in a state of collapse, accompanied by the usual symptoms characteristic of the complaint. I was further ordered to take charge of them to Oporto. I pursued Mr. Searle's plan of treatment with them, viz. injections of *muriate of soda* in solution, large quantities of *calomel*, and small portions of *brandy*, frequently given. Five out of the fifteen became convalescents on their passage to Oporto, which place we reached on the 2nd of January, when I sent on shore ten men labouring under the disease. Ten healthy men were passengers in the boat with the sick. The moment they landed, the whole of the party, including some of the boatmen, were attacked with cholera in its worst form. Why did not those persons fall victims to the disease in the place where the cause of the cholera had its origin—viz. the steam packet? On visiting the steamer, I found sufficient cause for the creation of the disease in the filthy state of the fore-cabin. When these poor men were crowded to excess, this cause was magnified in the ratio of the number of individuals affected, for there were no means of removing the foul discharges which the system throws off from all its openings in this terrific malady. They literally inhaled the exudations of their bodies in a state of decomposition. The government in Oporto having heard that I had treated this extraordinary disease in another country, ordered me, verbally, to remain on shore in charge of those men. However, on visiting the hospital, I found that a surgeon had been permanently attached to it, and that his emoluments were the poor sick men's pay, which was withheld from them whilst they remained in the hospital. I neither liked the reward, nor did I like to deprive a man of an apparently permanent employment, particularly as I enjoyed a commission, and should be paid, no matter to what duty I was appointed. Consequently, I did not obey the verbal order, but enjoyed my hours in Oporto until the expiration of seven days, when I received an order from the minister of marine to wait on him the next day at a stated hour. At this period the disease commenced to spread itself in the immediate neighbourhood of the landing-place, which was the situation of the hospital in which those men were placed. The government naturally became alarmed, and gave me a very formal commission, nominating me "Director of the Foz Hospital."

The first case of cholera that made its appearance, independent of those in the Belgic Battalion, was that of an English soldier on piquet in the immediate neighbourhood of the Foz Hospital and landing-place. The patient was a tall, robust, healthy, young man, and declared that he had never before had a day's sickness. He was thoughtlessly conveyed to the hospital established for the English wounded soldiers, and, on his entrance, was co-

piously blooded. He fell a victim either to the disease, or to the loss of blood. It is my opinion that few cases of cholera admit of bloodletting. I have seen patients sacrificed by the ill-judged and untimely application of leeches to the epigastric region. When reaction sets in after the stage of collapse, there is frequently a most distressing pain and burning experienced at the "pit of the stomach." The patient at this period is not strong enough to spare a single drop of blood. The effect alluded to is generally produced in old, emaciated, infirm, people. The only remedies I have ever seen useful, are cold applications immediately on the external part. I have also seen the drinking of cold water prove essentially useful. *Post-mortem* examinations do not prove that inflammation of the internal coat of the stomach causes this pain. Red spots of a triflingly inflammatory character are seen on the internal surface of the stomach, but they are not sufficient to account fully for the distressing agony of the patients at those periods. Shortly after the entrance of this man into the hospital, the cholera made its appearance in several shades among the patients. Diarrhœa was universal; cramps and vomiting also existed—sometimes collectively, and sometimes singly. It is my opinion that the cause of cholera is productive also of a number of other diseases, varying according to the strength of the cause, or the constitution affected. A fact tending to prove this observation occurred while we were on our passage to Oporto in the steamer. When the cholera existed, the steward of the ship and two of the men were attacked with cramps, without either purging, or vomiting, or prostration of strength. Copious bleeding effectually cured those evils.

The next evidence of the disease spreading, was the fact of several of the Portuguese and French soldiers, and the poor inhabitants of the village of Foz, being attacked; and, finally, it insinuated itself into the heart of the city, where it certainly committed less mischief than might have been anticipated; for poverty, foul air, and filth, universally prevailed.

Providence was never so propitious to our little army as on this occasion. The disease has vanished without doing any serious injury. *There is not now a single vestige of it in the country.* I wish this to be clearly understood, as some of the enemies to the good cause of Donna Maria attempt to circulate a report that it still exists. It does not exist. The army and people of Oporto never were more healthy. Even the common diseases of the country have fled. Were I here to enumerate the many providential favours that have been granted to Don Pedro's expedition, I should only fill your columns with facts which would not be credited. It may not be improper to mention here, that the beds and bedding belonging to those who died of, and were affected with, cholera, were thrown overboard from the steamer, and were carried on shore by the tide, and eagerly grasped at and applied to domestic purposes by the destitute inhabitants of the village of Foz. From my limited experience and information on this subject, I find as many facts bearing in favour of contagion as against it. I consequently cannot be on either side. What follows leads us to suppose the disease not to be contagious.

Shortly after the ship of Donna Maria arrived in Vigo Bay from the Oporto Roads, on or about the 30th January, 1833, the cholera broke out in the frigate *Rainha de Portugal*, and carried off, in the space of eight days, five-and-twenty of the crew, together with a fine young gentleman, a midshipman, of the name of Ley. Admiral Sartorius was attacked with it, but recovered in consequence of the timely and skilful aid of his surgeon, Mr. Fraser. Surgeon Acheson, who was one of the medical men called in to attend the sick on this occasion, assures me that the cause in this instance was also local. In proof of which he declares, that a racoon, which was brought on board at that particular period, was instantly seized with cramps and vomiting, and died in less than half an hour, although the animal was in high spirits and sound health a short time previous, in a vessel anchored alongside the frigate. The nature of this animal brought it more immediately into contact with the poison, which I shall prove hereafter proceeded from the hold of the vessel. It was designedly placed in such a situation, that it might destroy some of the rats that infested the ship. I believe the earth floors, or flat surfaces, near the source of the poison, to be communicating or conducting media. It is almost an axiom in the data already established regarding this disease, that those persons who sleep on the ground floors, or nearest to the earth, are the most subject to be attacked; and the usual period in the twenty-four hours when cholera makes its invasion, is at midnight. Mr. Acheson also asserts, that although a free and constant communication was kept up between all the other vessels, not one instance of cholera existed in them. These facts tend to prove, first, that the cause was local, and, secondly, that the malady was not contagious. Another strong proof of the locality of the cause, is the fact of

cholera quitting the vessel as soon as her hold was cleared out and made pure, in doing which it was discovered that she was in an extremely foul state. The disease only reigned for eight days, after which period it departed. In a fortnight after the hold of the vessel was made pure, the average number of sick in three frigates, each containing nearly 400 souls, was seven. I shall forbear making here any further remarks on the nature of the disease. I feel it my duty not to allow the foregoing facts to be buried in obscurity, as they assist in removing the darkness and ignorance existing with respect to the source of an evil which has so treacherously swept away thousands of our fellow creatures.

I omitted to mention in its proper place the following singular fact, which has been proved to me *in three instances*. Sometimes the congested state of the vessels in the lower extremities, terminates in mortification after the disease is perfectly cured. The first instance of this nature I met with was in Warsaw, in the *Bagatelle Hospital*, under the care of Mr. Searle, in the person of a young woman, about 22 years of age. She was perfectly recovered from cholera, and was taking sulphate of quinine to re-establish her health, when she complained of excruciating pain in one of her toes. Two days afterwards the whole of her foot was engaged in mortification. It is unnecessary to state how her career terminated. She was a patient of Mr. Searle, who can corroborate this fact. The other two instances were those of Germans belonging to the Belgic Battalion in Oporto. They both recovered from cholera, but died of mortification of the lower extremities. A great number of those who recovered are at present labouring under gouty-like swellings in their feet. I also forbear to draw conclusions here, as my object is purely to record whatever new facts, historical or otherwise, have come under my observation.

I have the honour to be, Sir,

Your obedient servant,

WILLIAM LARDNER, Surgeon.

BLEEDING IN THE PAROXYSMS OF HEADACH.—In the case of a young lady, seen by Drs. Cheyne, Marsh, Stokes, and myself, the paroxysms of headach were most distressing, and had baffled for years all remedies; nor were they at all relieved by the means recommended at our consultation. But after repeated attacks, Dr. Stokes bled her *ad deliquium*, during a violent paroxysm, with immediate relief, and it is very remarkable that the relief was permanent, for she has not since been attacked.—*Dr. Graves, Dub. Jour.*

THE MALIGNANT CHOLERA.

Extract from a Letter received from a Surgeon in the East India Company's Service, of Fifteen Years Residence in India.*

"Madras, Jan. 24, 1833.

"THE medical men in Europe appear to know just as little of its nature, and proper mode of treatment, as we do in this country. If the official returns are correct, it is even more fatal in England than in India. I have of course seen a great deal of it in the course of thirteen years, and I am sorry to say that I am more uncertain now than when I saw the very first case, as to what ought to be the treatment; the symptoms vary very much in different epidemics, requiring modifications of treatment, but this is the case with every class of disease; yet, in most, there is a system of treatment which is more generally successful than any other. Not so in cholera. Many remedies have been tried, and all with the same unfortunate result. Without bothering you with my theory of the disease—for I have a theory of course—I should say that in Europe, with a tolerably strong patient at an early period of the disease, I should begin with the lancet; then clear out the stomach with warm water, or salt, or mustard and water; then a dose of calomel, and opium or laudanum, followed in an hour by a purgative, either castor oil or croton oil, according to the state of the stomach and the strength of the patient. External stimulants of course, but I conceive the grand object to be to restore or excite a healthy action in the liver and bowels, for until something approaching to a healthy evacuation be produced, the patient is not safe. I am convinced much harm has been done by the employment of opium. It must be given at times, and we give it to natives with less risk than to Europeans. The re-action in the latter is much more dangerous, and rendered doubly so by large doses of opium. The above is the practice I should be inclined to try in England. I fear that cholera there is no passing evil. In India it is now a permanent disease, more fatal at one place than another at times, but always existing somewhere, and I should not wonder if, in the same manner, it became naturalized in Europe. This is no physical impossibility."

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* To Joseph Hume, Esq., M.P.

NATURAL CLASSIFICATION OF

DISEASES OF THE SKIN.

By JOHN PAGET, *M.D., &c. &c.*

[Condensed from the Edinburgh Medical Journal April, 1833.]

(*Concluded from page 267.*)

ALIBERT'S METHOD.

It is an old observation, that it is much easier to find out faults in an existing system, than to form a better one. Dermatology, however, has been fortunate enough to find a man capable of executing the more difficult undertaking. M. Le Baron Alibert, occupying a situation the most favourable perhaps ever filled by any medical man for the observation of cutaneous diseases,—physician to a hospital dedicated to these affections in one of the largest cities of Europe, where are congregated individuals from every corner of the globe,—furnished with the most expensive and invaluable means for their cure,*—commanding all these advantages, and uniting with them zeal and devotion,—M. Alibert has more than fulfilled the expectations which the profession could have formed. Inspired by the success which attended the efforts of his great countrymen, Jussieu and Cuvier, to reduce natural history to a classification drawn from the sum of its affinities and relations, the celebrated physician of St. Louis has essayed the application of the same principles to the arrangement of diseases of the skin. Collecting together those genera which offered the greater number of resemblances, he formed them into natural groups, under twelve of which he has been able to include all the diseases to which the dermatic tissue is subject.

It would be impossible in the short space allotted for this essay, to examine with accuracy these groups in detail. Nothing but the employment and attentive study of the mode will show how beautifully it generally follows the course of nature herself; how it joins together those diseases which offer the most natural resemblances; how it separates those which approach each other by trifling and incidental characters; how, by the position of intermediate genera, it softens down the features of one group, till it harmonizes with those which surround it. It requires the eloquence of its author himself to do justice to it in these respects.

In the nomenclature, M. Alibert has differed in many respects from that of Willan, and, I think, generally with reason. In the work of M. Alibert, published in 1806, few but the vulgar names were applied to the diseases figured and described; the object was then only the establishment of species and genera, but those now used are, wherever it was possible, derived immediately from the Greek or Latin authorities, and I can say that M. Alibert has been particularly happy in appropriating names strikingly expressive of some prominent character of the disease, and therefore probably corresponding with their primitive acceptation. I feel assured, that the restoration of the word *lepra* to a group of diseases approaching, at least more than any others of which we at present know, to that described by the Jewish writers, will be hailed as a boon by the scientific physician.

I shall notice some of the objections which may be urged to the application of a *natural* method to diseases of the skin, and examine some of the strictures we have already heard expressed on that of M. Alibert.

The objection which appears to me most weighty, is, the difficulty which a *natural* method presents to the beginner, in his search for the name of a disease. Were dermatology a science of as great extent as botany, we should allow that this was a capital objection, supposing students to be quite unaided in the attempt; since it would be impossible to form, as Jussieu has done in botany, a system which should be in harmony with the method. The reason of this is evident, the characters of most importance are not universal; the *eczemata* are characterized by acute inflammation, pain, and consecutive fever; the *dyschromata* by a simple change in the colouring matter of the skin, without pain or other symptom. A system, therefore, derived from one character could never harmonize with a method drawn from the sum of the whole. Fortunately, however, our subject is not so extensive as to demand such assistance. The *dermatodes*, although taken by M. Alibert in the most comprehensive sense, and including every disease which at any time effects any important modification in the dermatic tissue, wherever it may commence or terminate,—taken even in this extended view, have been comprised in twelve groups, and about fifty genera. Were it necessary to read over the characteristics of each group, therefore, before the name or situation of a disease

* It is to the baths I especially allude, of which the hospital St. Louis contains a large number of every possible kind. Some idea may be formed of the importance of such an agent, and the extent to which it is employed, when we state that in 1822 the number of baths administered to the out-patients of St. Louis amounted to 127,752.

could be ascertained, the labour would not be very great. This inconvenience might be still farther diminished, and we trust will be ere long, by the formation of a synoptical table, containing the essential and distinguishing characters of each group, followed by the genera, arranged in similar order, by which means the eye would rapidly seize the relations of the subject, and the determination of the group and genus be found so easy and simple as to obviate any difficulty the beginner might find in his first attempt to employ this method in practice. To those who already know anything on the subject it would be unnecessary; for an arrangement derived from the most essential and constant characters must always be to them the most easy of application.

I have lately heard another objection: that in M. Alibert's method there are no bounds to the formation of orders or groups; that there is no reason why twenty should not be formed as well as twelve. From one acquainted with the true principles of natural classification, this objection will only excite a smile; for he must know, that precisely the same objection would apply to the method in botany or zoology; yet in both these sciences has it been applied with the greatest success. A group is formed on the same principle as a natural family, from a number of genera which possess in common, at least one constant and important character, besides presenting certain general resemblances which render each more like every genus of the same family than any genus of any other family; in short, a general family likeness must prevail throughout the whole. The formation of natural groups therefore is not arbitrary. Such are as yet the only objections I have heard urged against the method of M. Alibert, and I cannot consider them of sufficient weight to overbalance its many advantages.

But what advantages can accrue from the use of the natural method? On its very surface rests this important advantage, that the more attention we devote to its improvement, the more we increase our knowledge of the subject. To effect this purpose, every disease must be studied under all its various forms and modifications; its important characters must be noted and separated from those which are no-ways essential to the disease; those which are constant must be distinguished from such as owe their origin only to incidental circumstances; in short, the assemblage must be studied in all its details. In a system, on the contrary, the more we dedicate our attention to its perfection, the more we close our eyes to the real nature of the subject; we look to one, often trifling, character, to the exclusion of the many and the important ones.

Another great advantage derivable from a natural method is, that by means of it we acquire real knowledge of a subject much more easily and certainly. The physician does not desire to know the name merely of any new disease which may present itself; this is only useful as it enables him to acquire information concerning it. He wants to know its origin, its cause, its seat, its general history, its probable consequences, that he may arrive at the great object of his labour,—the establishment of a safe and rational mode of cure. A great part of this information is at once furnished by the mere knowledge of the situation which a disease occupies in a natural arrangement. If we are told that a disease belongs to the *cauerodes* or *leprodes*, how immediately do we appreciate its danger, its obstinacy, its probable termination! If to the *aischrodes*, how quickly does this information reveal its cause, its progress, the general principles of its treatment! If to the *exanthemata*, how plainly are the leading characteristics of its history laid open before us! The first act of the mind after the observation of a new fact, is its comparison with such others as are already known, and which most nearly resemble it. By this process the points of similarity are at once indicated, and most of the circumstances connected with it made known. A little more attention indicates the characters by which it is distinguished from its neighbours, and our knowledge is completed. It is precisely in this natural and easy course, that we are led by the employment of a method, to the knowledge of the subject we have in view.

In studying from a natural method, there is no longer any danger that we shall become learned in words, while we remain ignorant of things. In seeking the one we must necessarily acquire the other; for to obtain the name of a disease, we must study the subject in all its various relations, and under every point of view.

The great importance of this knowledge of disease, under various points of view, to which the employment of a natural method necessarily conducts us, will be readily conceived, if we consider how very rarely we see a case in its commencement,—how often in diseases of the skin the primary form of eruption is already passed,—and how difficult, therefore, their recognition must be, if we are not acquainted with every change of form which they are liable to assume. The cicatrix itself ought to be sufficient in many cases to declare the affection which has preceded it; and we may observe, that this sign is

one which should be attended to, from its practical utility. To recognise the cicatrix of true *varicella*, to quote a familiar example, is a point of attention with every physician. The cicatrices of *syphilis serpiginosa* are no less evidently marked, nor less important to be known, as they at once inform us that the constitution of the patient has been injured by an attack of syphilis in one of its worst forms. Instances might be multiplied, but these must suffice. By the employment of this new method, circumstances of importance, which might otherwise be passed over, are brought into view, and relations otherwise unnoticed are distinctly revealed.

Nor last or least should be enumerated the reason which induced Sydenham so ardently to desire the adoption of methodical arrangement in diseases; "ut certa aliqua," &c. As the real knowledge of disease increases, the method of treatment will be proportionally improved. Instead of the employment of empirical remedies, general principles of practice will be established, and medicine, instead of ranking as a doubtful art, may hope to take her seat among the certain sciences.

With this short summary of the advantages likely to follow the adoption of methodical arrangement in diseases of the skin, we must close the essay. We do not wish it to be supposed, that we consider the method of M. Alibert as perfect. The methods of Jussieu and Cuvier have already submitted to many modifications, are daily undergoing more, and will probably continue to receive still further improvements, as long as additions shall be made to our knowledge of the subjects of which they treat. To suppose that any one could succeed by his sole efforts in forming a perfect method for any science, when such men have only effected a beginning in those to which they have dedicated themselves, would be an absurdity.

To M. Alibert, however, must be given all the credit of having drawn the plan, laid the foundation, and almost erected this beautiful structure. Its completion can only be effected after much time, and by the aid of many hands. Diseases of the skin must be studied on the principles of natural classification in other countries and among other men; the relative value of characters must be establised; a more perfect knowledge of the circumstances which may deceive us must be attained; new species may be discovered; affinities hitherto concealed may thus be brought to light; the *heteromorphes*, finding relations of whose existence we are as yet ignorant, may be united in natural groups, and the work will then approach its completion.

PREPARATION OF IODIC ACID.

To the Editor of THE LANCET.

SIR,—I perused your interesting remarks on the want of an easy method for forming iodic acid, and immediately set to work. I am not a very courageous chemist, and, consequently, you will not be surprised when I tell you, that I never as much as dared to perform the experiment of preparing iodic acid by the re-action of moistened iodine on euchlorine gas. Such being the case, I have never seen any iodic acid, and can only speak of it from what I have read in books. I repeated the processes recommended by Dr. Connell, M. Serullas, and M. Duflos, but from none of them could I obtain any results, except from the process recommended by the last chemist. It appears that you yourself were unsuccessful in the repetition of Dr. Connell's process, but were fortunate enough to obtain the twelfth of a grain of the substance in question, by the method recommended in M. Serullas's text. I will not be certain that I did not succeed also, but if I did, the portion of iodic acid was so minute as to escape observation. By the plan laid down by M. Duflos, I fancy I succeeded completely, but of the correctness of this I wish you to inform me. I will give you my mode of experimenting, in order that you may repeat it, and thus decide the question at once. Into about two drachms of concentrated nitric acid, procured from Mr. West of Leeds, of the specific gravity of 1.45, contained in a test tube, I let fall three or four scales of iodine. This done, I boiled the mixture in the flame of a spirit-lamp, throwing back the iodine as fast as sublimed on the sides of the vessel. In spite of this, more or less of the violet-coloured vapour does not fail to escape, and though you wash back the iodine as fast as sublimed, yet, after about ten minutes boiling, the liquid becomes completely colourless, depositing a small quantity of a white substance in the form of a powder. If you examine the mixture occasionally, whilst boiling, you will observe the white powder just alluded to gradually developing itself. Is this iodic acid? By informing me through the medium of your Journal, you will greatly oblige me. None but the pure acid will answer. With this, however, it is plentiful enough. I have subjected the white substance to experiment, and find that its properties are, in many respects, similar to those represented by chemists as belonging to iodic acid. It is very soluble in water, reddens vegetable blue colours, and, in a great measure, afterwards

destroys them. That it contains iodine, the following fact will prove:—When dissolved in water, and a stream of sulphuretted hydrogen is passed into it, it is decomposed, and iodine is set at liberty, which may be detected as usual by starch, or by the smell. In the course of these experiments, I noticed that iodine was perfectly soluble in sulphuric acid, with the assistance of heat, but again precipitated on the addition of water, circumstances which I do not remember ever seeing noticed in any work on chemistry. As I am wishful to resume my researches as soon as possible, and on a surer basis, I shall look with anxiety for your remarks. I remain, Sir,

Your obedient humble servant,

JOHN S. HILEY.

Elland, near Halifax, May, 1833.

*** Mr. Hiley should repeat his experiment on a large scale, weigh accurately the product obtained, and note the time employed in procuring it. We have no doubt but that he will succeed. He has obviously gained the first point, that is, obtaining the acid.

APPARATUS FOR PRODUCING FRICTION OR SHAMPOOING.

To the Editor of THE LANCET.

SIR,—I have for some time recommended an instrument, of which the following is a description, and as I am now convinced of its utility, in cases where friction (in any of its modifications, as shampooing, douch, &c.) is an appropriate remedy, I think it of sufficient importance to give it publicity. From time to time, in the course of many years extensive opportunities in England and on the continent, I have, I believe, witnessed the employment of all the means that have been recommended for the purpose of assisting and re-animating torpid circulation, from the *remedium arenarum et arundinum* to Admiral Henry's pomelling hammer, Dr. Gower's pulsator, and the still more recent plans of Dr. Balfour; but having found that these methods were either inefficient, or attended with inconvenience, I was led to the construction of a percussor, which I hope will be found as valuable an auxiliary by the profession generally, as I have uniformly found it to be.

Description.—Two balls of India rubber are affixed to the extremities of a circular whalebone rod, fifteen inches long. One of these balls admits the free egress and ingress of the air, and depends for its form upon its own elasticity, assisted by a small quantity of curled hair; the other is hermetically sealed, and its figure is preserved by the contained air. Upon the circular rod is a moveable handle, which regulates the length of the lever, and, consequently, the spring and stroke given by the instrument. By a slight movement of the hand, a rotatory motion is given to one of the balls, and it may thus be so applied, as to produce the effect of the gentlest friction, or be increased to that of the most powerful shampooing. If the compressible ball is placed a few minutes before the fire, it of course becomes more pliable and yielding, and, as the one hermetically sealed is always in a state of tension, the quality of the ictus may be modified at discretion. Leaving to the discrimination of the profession the cases in which this instrument may be employed with advantage,

I have the honour to be, Sir,

Your obedient humble servant,

J. P. HEATH, M.D.

24, Craven Street, May 22, 1833.

P. S.—It is hardly necessary to observe that this simple instrument may be applied by an ordinary nurse, and in many cases by the patients themselves.*

VACCINATION.—POINTS AND GLASSES.

To the Editor of THE LANCET.

SIR,—I am induced to trouble you on this occasion, in consequence of my impatience to set right the somewhat partial views of the author of the "Reasons for preserving Vaccine Lymph on Points instead of Glasses," which appeared in THE LANCET for April 20th, and likewise from my anxious desire to place before the eyes of junior students, facts that I have established, which will, I trust, throw a degree of light upon the "modus operandi" of vaccinating by glasses. Although I have scrutinously perused and digested a whole host of authors upon the subject of vaccination and variola, I regret to say that I gained but little knowledge, except of the history of the one and the indications of the other.

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* In a private note, which we see no objection to making public, our correspondent says, that "Mr. Paul of Upper St. Martin's Lane, and Millikin of the Strand, have made the instruments required by Dr. Heath's patients. Dr. Heath has, however, refrained from mentioning their names in his letter, presuming that any intelligent mechanic will be able to furnish so simple an apparatus; nevertheless, having witnessed several failures (from inattention to minute points), it is but justice to say that Paul has succeeded best."—ED. L.

I cannot concur in the recommendation of Mr. Perry, that glasses should be entirely discarded from practice. On the contrary, I should insist upon the necessity of having glasses always at hand, for the reason of their being the best "preservative means" ever used for a long keeping of vaccine lymph. If vaccinators persist in the absurd, and I should think, obsolete practice of dilating their lymph upon glass with fluid, by exhaling upon it, or holding it in the steam of tepid water, they must not expect it to be as invariable in its effects as that which is used pure and dry from a point. Is it reasonable to expect a fine, prominent, and characteristic vesicle from the insertion of impure lymph, i. e. lymph diluted with water? No more than to expect a child to thrive as well upon a diet of milk-and-water as upon good rich milk. Even the most inconsiderate must see, that as the lymph is mixed with the blood, the blood of itself sufficiently dissolves the lymph when used dry from a glass, and that there is no necessity for dilution whatever. But without farther extending these remarks, I will state a few facts, the result of extensive vaccination for the last three years. In the spring of 1831, I vaccinated a vast number of children, but failed, in the first attempt, in two in every five with glasses previously wetted by exhalation from the lungs. In 1832 I procured points, and was more successful; failure occurring in only one in every four. I was in the habit of making the blood flow, either by scratching, puncturing, or incision. I generally employed the three modes upon the arm of each person, and found incision the most successful. At the end of the spring of 1832, I put up for keeping together six points and half a dozen glasses. Early in the spring of 1833, I used all the points and glasses in question in the same week. The points all failed. Two of the glasses took beautifully, and the results supplied me with my entire expenditure of lymph during the remainder of the present season. Whichever way I operated, I was accustomed to draw blood plentifully. From the insertion of lymph through mere accident a most splendid vesicle arose. I took the hint, and have now laid it down as a rule never, scarcely, to make blood appear. Experience teaches me, that it is the most successful plan of any. Out of many scores that I have vaccinated this year (by means of glasses as well as points) only one failure occurred, which case has withstood six attempts at vaccination, and twice inoculation with variolous matter. For the success of this important though simple operation, I should wish to lay particular stress upon the practice of making but slight incisions. Because when blood is made to flow to the amount of a few drops, the lymph though inserted deeply is propelled outward by the blood, which, together with the lymph, forms a crust upon the orifice of the wound, and of course is generally rubbed off by the friction of the clothes, &c.

Is it to be wondered that a person having the least to do with vaccination should hazard such an assertion as "that it is impossible to know when lymph upon glass is expended?" It is needless to say, that the statement is without foundation, for it is not only perfectly visible to the sight, but quite perceptible to the touch with the lancet. I am, Sir, your obliged servant,

HUGH OWEN.

Dogelly, M. N. W., May 23rd, 1833.

COLLEGE OF PHYSICIANS.

Monday, May 27th, 1833.

"Grand performance!—For this night only! Theatre Medical Royal, Pall Mall East.—Chief actor Sir Henry Halford.—His Majesty's servant will this evening enact, "ANCIENT POISONS, or BY-GONE DEATHS," a medical tragedy, adapted by permission of the celebrated "Lempriere," with new views and decorations. The following royal, clerical, and legal *figurantes* will exhibit on this occasion:—His Royal Highness the Duke of Sussex, his Grace the Primate of Ireland, the Lords Chief Baron Lyndhurst and Chief Justice Tindal, the Vice Chancellor, Justices Park, Bosanquet, Alderson, and Patterson, Barons Vaughan, Bolland, and Gurney.—To close with the popular farce of 'MILLINER'S TWIST.'—Admission by orders. Play to begin at 9 o'clock. Vivat Henricus et Humbugga!"

Such are the heads of the Bill which, as Byron said of the Greek slave's ode, "might, or could, or would, or should have been," issued from the printing press of the London Theatre of Physicians, on Monday last, the 27th ultimo. The morning papers send their non-professional reporters to the monthly meetings of the College, just as they do to Drury-lane or Covent-garden, and next day we have notices of the performances in the same column with the "Theatres" and "Public Exhibitions." Professional readers, who know what is the real character of the medico-dramatic spectacles in Pall Mall East, will not at any time expect us to bore them with the details of an essay

from the pen of Sir Henry, and on this occasion will be doubly willing to relieve us from that labour, after reading the following statement, which we extract from a report in *The Times* of Tuesday, and avouch to be correct. The attention of the audience, we should observe, was occupied with a paper by the President, "On the Causes of the Death of certain celebrated Characters of Antiquity, with especial reference to the knowledge of Poisons possessed by the Ancients," and in the course of his observations Sir Oracle observed, "that Crassus, the eminent lawyer and friend of Cicero, died of *pleurisy*, the course of treatment for which disorder, prescribed by Celsus, and in use at the time, viz., bleeding, cupping, and blistering, *was so similar to that pursued at the present day*, that *nothing*, probably, was left undone, *that could have saved his valuable life*!" Nothing! The President of the College of Physicians is a worshipper of all kinds of stars but one—from the star of the Order of the Garter on earth, to Venus and Mars in the heavens—but that of MERCURY is not included in the range of his devotions. It is hardly a month since some other gentleman publicly announced at this College, that the pathology of the ancients was quite on a par with that of the moderns. These learned "Fellows," in giving evidence of their erudition, "prove," as the saying goes, "rather too much." If the eulogies passed by the Badhams and the Halfords on ancient physicians and pathologists be just, how little can medical science be indebted to modern medical institutions,—of which, in this country, the College of Physicians places itself at the head!

DANGER OF VENESECTION IN WEAK EPILEPTIC FEMALES.—It may be laid down as a rule of practice, that in debilitated, nervous, and hysterical females, however violent the congestion of an organ may be, the attempt at curing this congestion by either general or topical bleeding is injudicious. The truth of this is strongly confirmed in cases of epilepsy in weak and nervous habits, though no disease is more clearly dependent on cerebral congestion than the epileptic fit. Thus, a lady concerning whom I was consulted by Mr. Kirby, had been liable every third or fourth month to a violent fit of epilepsy for the last twenty-five years. About a year ago, a young practitioner imprudently used the lancet, and she has since been subject to an attack every third or fourth week.—*Dr. Graves. Dub. Jour.*

THE LANCET.

London, Saturday, June 1, 1833.

THE erection of a hospital in connexion with the University of London, must secure the permanency, the success, and the national utility, of that noble institution—an university which is indebted for its existence to the accumulated knowledge, and to the pure bold spirit which burst on the public in the infant portion, of the nineteenth century. In spite of factions political, in spite of fanatical sectarians, in spite of sordid municipal prejudices, obstacles, and perplexities, this University has already achieved a triumph, the character and brilliancy of which will furnish the strongest inducements to those men of enterprise who may come after us, to engage in undertakings which have for their object the advantage of the entire community of mankind, by furnishing to the world the social and genial light which is generated by the cultivation of the sciences.

Now that the success of the *medical* department of the University is placed beyond the possibility of doubt—now that the medical school of the University is placed on a footing which presents no parallel in the British dominions, the maligners of the establishment, the venal slaves who are hired to slander—and slander that they may still be hired—exhibit, in their affected rage, the extent of the discomfiture of their employers—displaying at one view the malignity of corporate monopolists and neglected "recognised hospital teachers," and also the imbecility of the paltry scribes themselves, who have engaged in the work of academic, professional, and personal defamation.

When the late report of the COUNCIL was published, we hesitated not, while

offering some remarks on it in this journal, to assert that the inferences were utterly inconsistent with the facts; we hesitated not to allege that the arithmetical tables exhibited, on a correct analysis, an income considerably beyond the expenditure, and that so far was the University from requiring the charitable aid of the public, that it only demanded a bold discharge of duty on the part of the directors, to place the stability of the institution beyond all question or cavil. On that occasion, however, we spoke not with the blindness of partisans, but complained in no very gentle terms of the pusillanimity of the Council, in having overshadowed, as it were, the rapidly-spreading splendour of the University, by the repulsive and chilling breath of despair. If, be it observed, the conduct of the Council in this respect was imprudent, or even absolutely irrational, inconsistent with the truth, and opposed to every dictate of common sense, still it cannot be imputed to them that they acted dishonourably. On the contrary, on investigation, their honesty of purpose, their purity of motive, appeared pre-eminently conspicuous. Under such circumstances, can it be credited that there should be found even a *hired* slanderer, that there should stand forth one demented knave, so lost to every sense of shame, and so sycophantically subservient to the tyrannical will of his besottedly-stupid masters, as to make the *integrity* of the Council the fulcrum for raising up a charge of cupidity both against that body, and against the professors? Nevertheless, such is the fact, but with what effect on the objects of attack, must now be apparent to the most imbecile member of the whole gang of monopolists.

Another circumstance connected with the erection of this hospital, furnishes the most lamentable proof of the depth of infamy into which that man is prepared to plunge, who casts from him the buoyant shield of truth, in order that he may pursue his occupation of slander, divested of every moral restraint upon his conduct.

It is well known to our readers how frequently we have condemned the means which have been resorted to in establishing what are called the "medical charities" of this metropolis and other places. We have proved that they operate ruinously on the profession, and are most injurious to the public; further, facts have been stated which have shown, indisputably, that many of our so-called eleemosynary establishments, have been indebted for their origin to the adventurous schemes of unprincipled quacks. In the advertisements praying for subscriptions in aid of the funds of such institutions, the words "charity," "necessitous poor," "destitute sick," "gratuitous medical aid," ever stand most conspicuous, and often, we fear, decoy into the meshes of time-serving committees, far too many of the well-intentioned portion of the community. But have the hired agents of the monopolists ever denounced these scandalous frauds? Have they attempted on any one occasion to exhibit to the public the black character of such gross impositions? Have they endeavoured to prevent the public from subscribing their guineas towards advertising the vaunted pretensions of blood-stained quacks? Oh, no! a directly opposite course has marked the track of their prescribed duty. The "recognised" functionaries of these fraudulent establishments have been trumpetted forth as the "heads" and "ornaments" of the profession. Mark the climax of this satanic perfidy The medical department of the University of London is in want of a hospital, in order to furnish the students with practical bedside illustrations of the character and treatment of disease. The Council and Professors, influenced by that integrity of motive which has so strongly

signalised their conduct, announce boldly, advertise fearlessly, that a receptacle for the sick poor is demanded for the *benefit* of the STUDENTS. In short no motive is concealed, nothing is done covertly, every intention is expressed openly. It is candidly announced to the public, that a hospital is required in order to afford the pupils the means of acquiring that knowledge the diffusion of which will ultimately benefit the entire community,—yet, this hospital, so wisely designed, so honestly described, is designated as a "job," by an "impostor" who holds the office of "physician" in one of the most scandalous of all the flagitious medical-charity humbugs in this metropolis! Yes, ludicrously enough, the gentlemen who are generously and energetically labouring to erect this Institution, avowedly in aid of the inquiring students of the University, are stigmatised as jobbers. Ludicrously we say, because these jobbers some months back considered it due to their character and station to erase the name of this abandoned, impudent, slanderer, from the list of gentlemen who were invited to the "conversations" held in the library of the University. Thus there are three causes of excitation, three sources whence the poison of malignity is generated in the puny, witless, brain of this hired reviler; first, as a talker to empty benches in one of the "recognised" establishments, he sees in the erection of a Hospital to the University, all hope of obtaining the entrance fees of students, at an end; secondly, he is impelled onwards in his iniquitous course by the commands and pay of his employers; and, thirdly, the refusal of the professors to allow him to be present at any more of the University meetings, has excited in him a direful feeling of revenge against those gentlemen; but, in the words of the satirist, this miserable, scouted, inane viper, "bites and lingers at a file." Dismissing this reptile—and we should apologise for noticing the thing at all, were it not for the corporate importance of the gang by whom its movements are directed—is it too much to ask that the profession generally will lend a helping hand towards the permanent establishment of an institution which is as avowedly devoted to the purposes of science, as it must undoubtedly be consecrated to the objects of charity? Here there are no false pretences, no delusions practised, no deceitful baits thrown out, but the Council and professors announce, with characteristic frankness of purpose, that their medical school is defective in the most important of the pillars on which its reputation and utility must rest—namely, is destitute of a hospital, and that without it they are deprived of the opportunity of effectually instructing the students as regards the means of relieving and of curing disease.

Founded avowedly with such designs, and under the exhilarating auspices of motives so strongly conducive to the diffusion of knowledge, and to the alleviation of human suffering, we call upon every admirer of open and manly dealing, upon every investigator in the field of medical research, to promote, by his advocacy of so splendid an undertaking, the consummation of the great objects avowedly stated. We call not for subscriptions from our medical brethren, but for their powerful and irresistible advocacy of the new hospital; amongst the most opulent of their patients. The past conduct of the council and governors affords the best possible guarantee, that not a fraction of the subscriptions will, in any way, be misapplied; that the funds will not be appropriated to purposes of bribery and feasting, but that every duty enjoined by the wants of the students, or the necessities of the sick, will be scrupulously and honourably discharged.

THE following singular application of phrenology in the medico-legal investigation of a murder, has recently taken place in Paris.

Several years have elapsed since a female disappeared from her house in the Rue Vaugirard, and no information respecting her was obtained until a very short time since, when an intercepted letter led to a search for her body in the garden at the back of the house. A skeleton was there found, and a minute examination of it was directed by the police to be made. M. DUMOUTIER, professor of phrenology to the society of Paris, was, accordingly, sent for one evening by M. ORFILA, without being told the object of the mission. Introduced into a room where were assembled the Procureur du Roi, municipal guards, agents of police, the suspected persons, and others, M. DUMOUTIER was desired to determine whether the bones presented to him all belonged to one and the same individual of the human species, and to state his opinion of the sex and age of the individual to whom they belonged, and the period of time that the bones had been interred.

Having examined the skeleton with attention, and put aside some bones of animals, which had been mixed with them, he carefully scrutinised the head, and decided that the skeleton had belonged to a woman, that she was advanced in age, and that the body had been interred several years. But the surprise of the spectators was at its height when the physician, continuing his remarks, commenced to speak of the character of the person whose skull he held in his hand, declaring that she was miserly, and of a violent temper, and adding other details, all of which were perfectly conformable with the known temper and character of the missing woman.

But two centuries ago, as the Crown Solicitor observed, a similar divination would have led its author to the stake. Nevertheless M. DUMOUTIER is no magician, but a distinguished pupil of GALL and SPURZHEIM. The facts cannot fail to excite the interest of those who believe in the truth of phrenology, and the curiosity of those who doubt it.

SOME experiments which seem to promise results of considerable interest and practical importance in medicine, are at present being pursued in certain of the metropolitan hospitals, on patients afflicted with neuralgia, tic douloureux, tooth-ach, and other immediate affections of the nerves. We allude to the application of a *magnet* to the parts suffering pain from those diseases. We abstain from communicating to our readers at present anything more on the subject than we have had satisfactory means of ascertaining to be rigidly exact on the score o truth. Three instances only have, in fact, as yet occurred under circumstances which enable us to speak without hesitation of the power possessed by the instrument alluded to, over diseases of the human frame. These we shall give, observing, that the employment of the magnet has nothing to do with the art denominated "animal magnetism."

Our readers will remember the interesting case of neuralgia of the finger at St. Thomas's Hospital, upon which Dr ELLIOTSON stated in a clinical lecture, reported in our 484th No., that he had exhausted his store of remedial agents, without developing a shade of improvement. A more severe case, probably, was never subjected to treatment. The man left the hospital for a time, totally unrelieved, but soon afterwards returned, when, in accordance with a suggestion, as Dr. ELLIOTSON has since observed in one of his clinical lectures, of a correspondent of this Journal, the *colchicum autumnale* was

tried in the case, without, however, the slightest benefit being derived therefrom. The sedative powers of the *lobelia inflata* then suggested to the Doctor the propriety of giving the patient the chance of that medicine. The grounds on which it was employed, proved to be in a great measure correctly founded. The man took the lobelia, in increasing doses, every hour, beginning with seven drops of the tincture, and adding a drop to each progressive dose, until as large a quantity had been reached as could be taken without deranging the functions of the stomach. Great amelioration of the affection followed this treatment. The patient, who was before unable even to cross the ward, or bear the slightest cutting of his finger-nails, and had become emaciated to the extremest degree, from pain and sleeplessness, was soon enabled to walk out of doors, and enjoy many hours of rest, recovered his good looks, and became comparatively cheerful.

The relief, however, was very far from being either perfect or permanent. The continued exhibition of the medicine was demanded to secure any portion of rest.

A short time since, however, a new remedial agent presented itself, in the form of the magnet. The hospital was visited by (we believe) Dr. KYLE first, and subsequently by a physician of the name of BLUNDELL, a friend of the former gentleman, who followed up the application begun by Dr. KYLE. The lobelia inflata was allowed by Dr. ELLIOTSON to be suspended, and the effect of the magnet tried. That effect was, we learn, a very decided one; the pain was, on every application of the instrument, removed, and continued absent for several hours. The distance however at which the operator resided from the hospital prevented, and still prevents, the daily use of the instrument, or, the impression on the patient's mind is, that it would perform a cure.

On Tuesday last, the Dr. BLUNDELL already mentioned re-attended the hospital, at the hour of Dr. ELLIOTSON's visit, when, in the presence of the pupils and our reporter, he drew forth the magnet, and commenced its application to the patient's finger.

The instrument is of the horse-shoe form, about ten inches in its long axis, and five in its short, composed of five layers of metal, the central being the longest, and the whole bound with stout riband. The patient was at the time apparently suffering considerable pain, and unable to use his hand. The *north* pole of the magnet was gently passed five or six times down the sides and back of the middle finger, and then rested on the central joint. The result was, such a cessation of suffering, that he could gnash his fingers into the palm of his hand with ease and comfort, and he declared himself to be entirely relieved. The power of the instrument, however, did not cease here. Dr. BLUNDELL showed that it possessed the means of reproducing the pain in the most intense form. The *south* pole of the magnet was directed along the finger. At the third pass the patient began to bite his lip, and close his eyes with an expression of pain. At a few passes more his chin was involuntarily buried in his breast, and his wrinkled features evinced the acutest suffering. This was allowed to continue for a few seconds, when the *north* pole was again presented to the finger, and the agony speedily subsided. The spectators then left the man with a countenance perfectly tranquil.

At the extremity of the ward lay an elderly lady, a martyr to *tic-douloureux* in the lower jaw, extending to the ear, and affecting a large portion of the head. The disease, she stated, was of more than nine years' duration, and had never ceased to afflict her for a day during that period up to her entrance into the hospital. Her

appearance was proportionably miserable. The magnet had also been applied in her case, and with similar advantage, as she stated. On the present occasion, it was found on approaching her bed, that she was that morning free from pain, and the aid of the magnet was not needed. "But cannot you show its power by producing the pain?" inquired a by-stander. The suggestion was acted on. The *south* pole of the magnet was passed from the centre of the chin along the lower jaw-bone up to the ear. At the third pass the poor woman indicated that the *tic* was commencing, and in a few seconds more the affection was experienced intensely. The process was then stopped, as the experiment was carried far enough to satisfy all present of its consummation, and after a brief space the presentation of the *north* pole wholly freed the sufferer from pain. The operator subsequently stated that by continuing the passes he could have carried the pain on to the production of delirium.

There is a female patient in another ward who had suffered intense tooth-ach for three months, when, a fortnight since, according to her own evidence, which we have no reason to doubt, it was instantly cured by one application of the magnet, through the medium of a key, and had not returned in the slightest degree up to the period of the visit on Tuesday last.

These are very interesting facts. We present them to our readers unaccompanied by comment. The specific name given to his instrument by Dr. BLUNDELL, is that of "mineral magnet." How far its application to disease admits of extension, we are at present ignorant.

TO PHYSIOLOGISTS.—The "human infant in a cod's stomach," is only a *miniature* version of "Jonah in the whale's belly," adapted to the capacity of children. An edition, with coloured plates, will be published next week by Darton and Harvey.

The Circulation of the Blood, as found in the Human Fœtus, and compared with that in the four classes of Vertebral Animals, &c. By MARTIN ST. ANGE, D.M.P, Translated from the French by T. W. JONES, D.M.P. Paris and London. Bailliere. 1833.

THIS is a beautiful and very useful production, consisting of a folio sheet of the largest size, and containing thirty admirably-executed drawings, with descriptive letter-press in the margin. The most considerable of the drawings occupies the centre, such as the fœtus, its placentary envelopes, and umbilical chord. The complicated distribution of the vessels which ramify on the liver, is represented with the utmost precision, and shows that certain parts of this organ receive red and others only black blood. M. St. Ange also describes and depicts with a most masterly pencil the facts of the circulation in the batrachiæ before and after their metamorphosis, including the curious phenomena afforded by the sirens and protæi, those singular beings, which, to use the language of Geoffroy St.-Hilaire, realise the miraculous condition of animals for ever fœtal, preserving through their entire life the fœtal organisation, yet possessing the faculty of engendering other fœtuses like themselves.

Amongst the extraordinary and deeply interesting facts recorded in the work before us, and for which physiology is indebted to the labours of M. St. Ange, there is one regarding the circulation in the crocodile, which we cannot pass over without notice. The fact in question is of double importance, since it modifies, in one of its most essential points, the general definition of the class of reptiles, and presents to the physiologist a combination of organs and functions previously unknown. St.-Hilaire, indeed, is of opinion, that philosophical anatomy and te-

ratology will find in the organs of circulation in the crocodile new means of perfecting their developments. He alludes to a case cited by Cowper, of a child, in whom the aorta, after its curvature, and after having given off the subclavian and common carotids, was reduced to a small twig, until it united with a branch of the pulmonary trunk.

This fact in fœtal monstrosity, is the normal organization of the crocodile. Up to the time of the discovery of this mode of circulation in the crocodile by M. St-Ange, the case of Cowper was almost the only anomaly of the vascular system in man which had not its type in the natural state of other animals. The philosophical principle of the analogy of vices of conformation in man and the upper animals with the regular conditions of lower beings, is thus remarkably corroborated. The discovery of M. St. Ange is rendered the more interesting, from the fact of the existence of such a normal state in any animal, seeming altogether impossible, according to the generally prevalent opinions.

Although not strictly pertinent to the subject before us, we may add, that to M. St. Ange is also due the credit of discovering the means by which compensation is made in the crocodile for the defective supply of arterial blood to the abdominal organs, which the peculiar conformation of the aorta and pulmonary artery necessitates. This compensation is established by the existence of aerial or aguiferous canals, which pass from the parietes of the abdomen to the cavity of the peritoneum, both in the crocodile and the tortoise, and by which air and water are conveyed into the cavity of the abdomen, arterializing the blood accumulated in multitudes of venous canals.

Whoever desires to understand the fœtal circulation in man, and wishes to facilitate the first and most laborious step in the study of comparative organization, should possess himself of M. St. Ange's plate, which is entitled, in every point of view, to rank near to the best productions of our anatomy artists. As to the translation, we should observe, that it is minutely and scrupulously correct in every particular.

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I have just forwarded to his Majesty's principal Secretary of State for the Home Department, a letter of which the following is a copy. Its insertion in THE LANCET will oblige yours, respectfully, A. COURTNEY, Surg., R.N.

Ramsgate, May 21, 1833.

"To the Right Hon. Lord Melbourne.

"My LORD,—It is impossible that a man can be a good physician unless he be well acquainted with the principles of surgery; and it is irrational to suppose, that a good surgeon can be deficient in a perfect knowledge of the principles of physic. Nature has inseparably united physic and surgery, but selfish men, to the injury of both, have endeavoured, from impure motives, to keep them apart. Hence the reason that in England, Ireland, and Scotland, we have colleges of physicians, colleges of surgeons, and apothecaries companies. We ought to have no such division, my Lord, but we should have colleges of *medicine*, from which no man should obtain a diploma who had not proved himself qualified to practise every branch of the healing art, and which diploma, whether obtained in England, Ireland, or Scotland, should privilege the professor of it to practise one or all of the branches of medicine, according as his own inclination might lead, in any part of his Majesty's dominions.

"Our colleges and companies, my Lord, as at present managed, are so many Augean stables, which it would be more creditable and less difficult to annihilate than to cleanse, and the truth of this the facts stated in the memorial lately presented to your lordship by the Apothecaries Company, do even of themselves attest, facts which that oligarchical company did not, when it penned them, apprehend would, or wish they should, be viewed in the light in which every rational and unprejudiced mind must view them,—facts which amount in plain English to this:—'There is nothing but inconsisten-

cies, absurdities, and monopolies, in the whole system of medical government, and why should not we (the Apothecaries Company) be allowed to partake of the sweets of those inconsistencies, absurdities, and monopolies, as well as others?' Listen not, my Lord, to the whisperings and memorials of interested monopolists, their colleges and companies must be abolished or entirely remodelled, else they will continue what they ever have been—not a blessing, but a curse to the land; I say a curse, because I believe if none of them had ever existed, the science of medicine would, at the present day, have attained a higher degree of perfection in England than it now boasts. I am, my Lord, &c.

R. COURTNEY, Surg., R.N.

CLASSICS IN LONGMAN'S MEDICAL FLOAT.

To the Editor of THE LANCET.

SIR,—I know not whether it is worth while occupying a portion of your pages with remarks on the trash contained in the catch-penny called the *Medical Gazette*, yet as there is a note in the last number of that periodical which may possibly gull a few junior students into the belief that the editor possesses at least some classical knowledge (though deficient in all other branches), it may be as well to notice it.

This wonderful scholar does not know that "Valetudinarium" is Latin, and "Nosocomium" latinized Greek (*νοσοκομεῖον*). This erudite scholar does not know that the golden and silver preceded the iron age. He talks about the "writers of the *iron age*," and with all simplicity informs us that his first authority for "Nosocomium" is "Justinian," *anno* 527. I will give an older authority—viz. St. Jerom. This classical critic's congenial mind is truly adapted to the leaden age, or it belongs to one of clay. However, centuries before *his* authorities were born, the Romans used "Valetudinarium." Translate Celsus wrong as he likes, I appeal to Seneca,* born six years before Christ, and Columella,† who wrote about the year 45. These are the writers of the "iron age," according to the Gazetteer. He bows with deference to the golden age of "Justinian."

With regard to the miserable essay to which the note alluded to is attached, its malice is too palpable for it to mislead any one. So I leave it to its fate. I am, &c.

M. S. J. WOOLLETT.

64, George St., Euston Sq., May 28.

* Ad Lucilium—also De Ira, et in Questionibus.

† Lib. 2. cap. 1, and lib. 12. cap. 3. The Italians have no word corresponding with "Nosocomium," but they have *Ospizio* and *Valetudinario*.

MEDICAL EXAMINATIONS.

THE following has been forwarded to us by a correspondent, as a specimen of the questions which are sometimes put by medical grinders to their pupils, preparatory to examination at Apothecaries Hall:—

"MR. WILLIAMS. Can you give me the physiology of the cock's crowing?

"PUPIL. (*After a Pause.*) No, Sir.

"MR. W. Do you know the physiology of the braying of an ass?

"PUPIL. (*In amazement.*) No, Sir.

"MR. W. Then, Sir, you must make yourself acquainted with them, and come to me in two days."

These queries may appear extraordinary to some of our uninitiated readers, but we have no reason to doubt them on the score of improbability. They are not unlikely questions to be put by the Old Ladies in Bridge Street, or indeed in Lincoln's Inn Fields. It is not many weeks since a formal inquiry was made of a pupil at the Hall, relative to the "best metal for making tea-pots;" and Sir William Blizard, not long since, put the following question to a student at an examination at the College:—"Which makes the best pie, young man, roasted pheasant, or baked partridge?"

MEDICAL PRACTITIONERS IN AMERICA.—Some medical gentlemen emigrate from the United States into Canada; but I believe they are never employed where one from Great Britain or Ireland can be procured. American physicians do not commonly place themselves in any situation in which competition with Europeans is hazarded. If any professional man from the States be found in such neighbourhood, he forms an exception from the general rule. There was one such at Thornhill, but his skill was not considered as entitling him to much patronage: his practice was very limited, and confined chiefly to the lower orders. A medical man who cannot ride much on horseback ought not to go into that country. So highly are doctors paid in some places, densely populated, that towns and villages are generally well supplied. Medical men from the States are often found wandering up and down, and, where European physicians or surgeons are not found, take possession of the practice. In more remote places, a doctor has frequently to ride fifteen or twenty miles to many of his patients. The English medical gentleman near us was often sent for to the above distance. His charge for an ordinary journey was a dollar a mile. He was

making a rapid fortune, and becoming one of the wealthiest gentlemen in the neighbourhood. There are many places upon Yonge Street, and in the districts around —and I believe in every district of the country—which are very populous, and where any respectable medical practitioner might settle his family in certain affluence.—*Rev. Mr. Fidler's United States and Canada.*

KING'S COLLEGE. — We find by the daily journals that a distribution of prizes has this week taken place among the medical pupils of King's College, London. No intimation of the event was forwarded to us, or a gentleman would have attended from this journal to communicate a report of the proceedings for our columns, when we would with great pleasure also have recorded the names of the successful students. Several letters have been addressed to the Editor, detailing and commenting on the events of the day, but as the writers have all of them forgotten to authenticate their communications, we refrain from publishing any of them. Most of our correspondents, however, seem to think that the Right Rev. Chairman (the Bishop of London) laboured under a full impression that there was no school in London through which medical students stood any chance of escaping in later life from the dominion of a certain fallen potentate but that of King's College.

THE FLOAT.—*Scene— Bookseller's Shop.*

CUSTOMER. (*Taking up Longman's Catalogue.*) What! still alive! How the deuce does the *Gazette* manage to keep its head above water?—BOOKSELLER. Because it is empty, Sir.

LONDON HOSPITAL.

PAPULAR ERUPTION SUCCEEDING GONORRHŒA.

A man, ætat. 27, was lately admitted with the statement, that in the latter part of last November he contracted a gonorrhœa, which was not severe, nor was the discharge from the urethra considerable, while the pain in making water was trifling. He denies having at any period had chancre, and says that he is confident, that during the time he laboured under the gonorrhœa he had no ulcer on the penis. There certainly is, on examination, no appearance of any chancre having existed. He never had chordee, nor any affection of the glands of the groin, and suffered so little from the gonorrhœa, that he did not even apply to any medical man, but contented himself with taking "balsum capivi" and sweet spirits of nitre, keeping his bowels open with salts.

About a fortnight after the discharge had entirely disappeared, he became extremely unwell, complaining of lassitude and fever, considerable pain about the knee and shoulder-joints, with pain in the head. He then applied to a medical man, who told him that he had gonorrhœal rheumatism, and treated him accordingly. In a short time an eruption appeared over the face and trunk, as also on both the arms and thighs. When admitted, the eruption was principally about the body and arms. The appearance was extremely various in character. In some places the papulæ consisted of a simple elevation of the cuticle, with an inflamed margin. While others were disappearing, those which had fallen off left small spots, of a dull red colour. The eruption would at times very materially decline, when suddenly a fresh crop of pimples would make their appearance.

The treatment adopted was the warm-bath, and purging, after which he took five grains of blue pill night and morning, and a drachm of the extract of sarsaparilla, three times a day. Under this plan, the eruption disappeared, and he left the hospital quite cured.

LITHOTOMY.—John Clark, aged six years, was admitted May 21st, under the care of Mr. Scott, with severe symptoms of stone in the bladder, which had existed for several months. On the introduction of a small sound a calculus was distinctly felt. He was ordered to remain quiet in bed, and to take *carbonate of soda*, 10 grains, in a mucilage mixture, three times a day. On the 29th, Mr. Scott performed the operation of lithotomy. Some little difficulty was at first felt in detecting the presence of the stone, in consequence of the bladder being very much distended with urine, the patient having had a yoke on the penis from 11 till 1 o'clock, and drunk plentifully of barley-water. A catheter, however, was introduced, and a small quantity of the fluid withdrawn, when the calculus was easily felt by all the surgeons. It was then readily extracted, and proved to be of about the size and shape of a kidney-bean, and apparently composed of oxalate of lime. "Blizard's knife" was used: the operation lasted two minutes and a half. When our report left the Hospital (an hour after the operation), the patient was perfectly tranquil, and in a comfortable sleep.

ST. GEORGE'S HOSPITAL.

OBSCURE DISEASE OF THE HIP-JOINT.

JEMIMA WOOD was admitted on the 19th September, under the care of Mr. Brodie, with double lateral curvature of the spine, disease of the right hip, &c. Her history was somewhat obscure, but we were enabled by repeated questioning to glean the following particulars. It appears that six weeks before Christmas she was dancing, and on the following night felt acute pain in the right hip and knee-joints, and found in the morning that they had (to use her own expression) "dropped." She procured something from a medical man to rub them with, and the pain went off. But it did not entirely leave her, or prevent her from gently moving about. She did not venture out, however, until about a fortnight since, when the exertion of walking brought back the pain as violently as ever. There is at present double lateral curvature of the spine. The right extremity appears longer than the left, and she cannot bear to put it to the ground. Mr. Walker, who officiated for Mr. Brodie during his absence from town, ordered leeches to be applied to the coccyx, and prescribed anodynes for the relief of the pain.

A fortnight after her admission, she was placed upon a double-inclined-plane bed, and ordered to be kept entirely at rest.

October 8th. Mr. Brodie saw her to-day, and after hearing the detail of her symptoms, remarked that they were very obscure. She had pain upon pressing the skin over the tibia, or the knee-joint, or thigh. These pains appeared to depend upon hysteria. Mr. Brodie detected an abscess forming over the ilium, which he ordered to be poulticed.

12th. There has been great starting of the limb at night, for the relief of which the house-surgeon prescribed anodynes and opiates. The same hysterical pains exist as before, with very acute pain on passing the femur up into the acetabulum, and drawing it down again. Two abscesses were presenting, one over the loins and one over the os ilium, which were both opened by Mr. Brodie. A small quantity of bloody pus flowed from each, and they were ordered to be poulticed. There is no pain on percussing the back. Mr. Brodie repeated his opinion as to the obscurity of the case, and said, that it did not at all resemble the history of cases of disease of the hip-joint. It was very possible that there might be diseased bone of the ilium, communicating with the hip-joint, or with the anterior crural nerve, causing the intense pain of which she complained.

14th. She appears better since the opening of the abscesses, which, however, do not discharge much. Continues to perspire greatly at night. Ordered

Haustus cinchonæ ℥iss;
Acid. sulph. dilut. ℥ℓx, ter in die.

Has still much pain in the limb at night, for which she is obliged to take an opiate.

19th. Much improved in appearance; sleeps better at night, and is evidently improved in every respect since the abscesses have been opened.

29th. Not quite so well as at last report, the abscesses having closed up, and the matter, probably, again collecting. There is much anxiety of countenance, some degree of fear, and restlessness, with pain in the hip, preventing sleep last night. Mr. Brodie measured the thigh of the affected side (the right), which although to a superficial appearance elongated, was, in reality, shortened. Mr. Brodie directed that the patient should be kept perfectly at rest until the matter came to the surface again, when the abscesses should be opened, and some fresh plan devised to prevent their healing again so quickly.

November 3. Looks better, and appears better in every respect; no pain in hip, thigh, or leg, of the side affected. Mr. Brodie remarked, that it was scarcely possible that the abscesses could have been filled up. She sleeps well at night, and perspires less, but has great heat of the skin in the evening, for which she was ordered to discontinue the cinchona draught.

It would be needless to report the daily progress of this case up to the present time. From the last-mentioned date her health continued gradually to mend; the night sweats, hectic fever, and pain, subsided. She was kept at perfect rest, and having improved so much, Mr. Brodie gave her proper instructions as to the future care of her health, and ordered her to be made an out-door patient, alleging as a reason for the decision, *that the Board thought she had been kept long enough in the house.*

BURSAL TUMOUR OF THE GROIN, CONNECTED WITH THE HIP-JOINT.

Thomas Crashaw was admitted September 26, under the care of Mr. Brodie, with a large solid tumour in the groin. He was servant to Mr Cutler, and had been previously examined by Messrs. Keate and Babington, who had delivered their opinion that the tumour was a malignant one. Nothing was done for him until

October 1, when Mr. Brodie saw him, and we obtained the following history of his case. It appeared that at the age of eighteen years he had a fall upon the buttocks, ever since which time he has always felt weak there, and has had repeated attacks of rheumatism, for the relief of which he has applied compound pitch plaster. About twenty weeks since he first perceived this swelling in the groin, which more particularly attracted his notice by a sensation of fulness in the part; since that time it has been gradually increasing in size. There is at present a discoloration of the skin over the tumour, which is of the size, and elevates the skin to about the height, of half an orange. It is hard, gives a cartilaginous feel to the hand, and, on pressure, appears to contain fluid. It gives no pain, either when the limb is flexed or rotated. Its situation is bounded on the inside by the femoral artery, on the outside by the sartorius muscle, and superiorly by Poupart's ligament. Mr. Brodie, after examining it most carefully, said that in the present obscure state of the case, he believed it to be a bursal tumour connected with the hip-joint. He said that he had seen a tumour of a similar nature, form over the bursa of the patella.

The tumour was punctured in two or three places, when there oozed out a serous fluid tinged with blood. A blister was ordered to be applied over it, and ten drops of the *tincture of iodine* to be taken three times a day. The blister was afterwards countermanded by Mr. Brodie, until he should have an opportunity of making a larger opening.

October 5th. Much the same; the *tincture of iodine* to be continued, and a blister to be applied over the tumour, and kept open with savine cerate. Mr. Brodie remarked to the pupils that there were many cases in which it was difficult to detect and understand the nature of a disease, and this was one of them. He owned that the disease was to him a very obscure one, but that it must be treated as though it were perfectly understood.

8th. The patient continues to take iodine. The blister on the tumour not having risen sufficiently, another has been ordered.

12th. The second blister also has not risen. Mr. Brodie inquired whether he had been using cold lotion to the tumour previous to his coming into the hospital. The patient replied in the negative. To-day the fluctuation of fluid in the tumour is more perceptible. Blisters to be discontinued; iodine to be persisted in.

14. The fluid is more easily felt in the tumour. Ordered to remain at perfect rest, that the fluid may come forward.

19. Tumour seems somewhat decreased in size. Mr. Brodie remarked, that most tumours varied in size at times. Iodine to be continued.

21. Tumour appears to be smaller in size, and the fluctuation of fluid in it is evidently more perceptible. A piece of lint dipped in the pure *liquor ammoniæ*, to be applied over it, so as to raise a smart blister. Mr. Brodie remarked, that the tumour had evidently diminished in size, but that there had been four causes to produce that effect. There had been perfect and complete rest in the horizontal posture for some weeks; the patient's mind had been relieved from anxiety respecting the state of the tumour; he had had blisters applied to the part; and he was taking the tincture of iodine three times a day.

November 3. The *liquor ammoniæ* has formed a small slough, but the tumour does not appear to have been otherwise affected by it.

The iodine has been continued and discontinued at intervals ever since, and the dose has been gradually increased; but no good effect has yet (as far as we can perceive) been produced by it upon the tumour. Clot-Bey, when he visited the hospital some short time since, examined the case minutely, and discovered, that in addition to this "bursal tumour," the man had exostosis of the femur in the neighbourhood of the trochanter. (*To be continued.*)

CLINICAL REMARKS BY MR. BRODIE.

DISEASE OF THE SPINE—PARALYSIS OF THE LOWER EXTREMITIES.—There was a case of this nature a few weeks since in the hospital, under the care of Mr. Hawkins, and various remedies were tried to remove the paralytic state of the lower limbs, but to no purpose. Mr. Hawkins therefore requested Mr. Brodie's opinion upon the case. Mr. B. accordingly saw him and delivered his opinion to the gentlemen present. "This patient, Gentlemen, has, I find, had this paralytic state of the lower limbs coming on for some time past,—for the last twenty months or two years, I believe. He has no pain in his head, chest, or abdomen. His bowels are inclined to be costive, to relieve which he is obliged to take strong medicines. He feels no numbness in the lower extremities, but, as he very truly expresses it, he has a total weakness or want of power over the limbs. Nor has he any sensation as of a chord drawn tightly round the thighs, which is a sensation that patients

sometimes feel in these cases. He can move his limbs a little in bed, and he can bend his toes and stand on his feet, but he cannot move them forward. I have seen many cases of this nature; they are not rare in practice. Sometimes they are functional, and, together with a paralytic state of the lower extremities, you find an atonic and disordered state of the alimentary canal and digestive functions. The latter symptom of disorder is caused by anything that weakens the body or overstretches the mental faculties. A gentleman once came to me with this paraplegic state of the lower extremities, and I found that in him it was caused by his mind having been very much harassed during the previous three years. I made him give up all attention to business, and ordered him to go into the country, and to regard nothing but his health. I gave him bark and ammonia, and purged him with the *decoctum aloes compositum*. I saw him afterwards, and he was a great deal better, although he had not completely recovered the use of his limbs. You will sometimes in these cases find the patient straddle in his walk, and he will bow his legs out and plant his feet broadly on the ground, with a view of giving himself a firmer footing. This case, Gentlemen, is not one of disease of the spine, for it has come on too gradually for that. When these symptoms occur from an affection of the spine, they come on more rapidly; the impression of the curvature, or the dislocation of the bones upon the spinal marrow, is more immediate, and is felt quicker. I conclude that there must be some disease of the spinal marrow itself. I have met, as I said before, with a great number of these cases, but I have only had an opportunity of examining two of them after death. I have spoken on the subject to many medical men, and it is remarkable that they have told me that they have had very few opportunities of making pathological examinations of these cases after death. You very often find the spinal marrow softened, or in a state of *ramollissement*. In one case that I examined, it was almost reduced to the consistence of cream near its termination."

Counter Irritation in Disease of the Lungs.—A man who has been in the hospital for many months past, under Mr. Brodie's care, for scrofulous disease of the ancle joint, was lately seen by Mr. Brodie, who, finding the disease to have got decidedly worse, gave up all hope of saving the joint, and examined the man's chest, to see whether he had any symptoms of pulmonic irritation or disease—the man having complained of cough for some days previously. Mr. Fernandez asked Mr Brodie what his opinion was of counter-irritation on the chest in cases of disease of the lungs, adding that Dr. Graves of Dublin had reported some cases of disease of the lungs, as cured by setons made under the clavicle. Mr. Brodie said, that neither Dr. Graves nor Dr. Any-one-else, could convince him that counter-irritation over any part of the chest by setons or issues could cure, or even prevent, the full development of organic disease when once set up. In simple cases of inflammation, suppuration, &c. he believed that these really were of use; but nothing could convince him that they ever really cured the disease. Dr. Graves, perhaps, might have had twenty cases which he had treated by means of setons and issues, and they all improved under it; but that in his (Mr. B.'s) opinion was not sufficient to establish the fact of the internal organic disease being cured by these means. "In a case of tumour of the brain, for instance," said Mr. Brodie, "make a seton in the back of the neck, and the patient feels immediately relieved; but because he is relieved, I am not to assume that he is cured. I never yet saw a case in my life in which I could suppose that setons or issues had that effect. In inherent cases of pulmonic disease, if driven from one part, it will always show itself in another. In these cases of scrofulous disease of the bones of the ancle, if you amputate the limb the patient will be much better for a short time, but he will soon die of the disease in the lungs. I took off a woman's leg once for the disease; at the time she had cough, expectoration hectic, &c.; after the operation all these symptoms left her, and she became apparently quite well; but after a time the disease returned in the lungs, and eventually she died from it."

Fracture of the Patella.—"A gentleman came to me the other day from the country," observed Mr. Brodie, "with a fractured patella, and which, from mismanagement, had been drawn about an inch and a half above the knee. There was I suppose union by ligament. Indeed I believe union by ligament always takes place in these cases, whether the fractured ends of bones be separated far apart from each other or not. In the one case the ligament is thinner, and more stretched out; whilst in the other it is of a thicker, stronger, and firmer consistence. I do not believe that this ligament ever ossifies. I believe that where pieces of bone have been found in it, it has been from the patella being broken into many pieces."

Rachitis and Mollities Ossium.—There is a negro boy in the hospital, under the care of Mr. Brodie, with rachitis of each leg; he has had a pair of irons made, which support the limbs very much. After seeing the boy walk up and down the ward, Mr. Brodie remarked, that under the names of "rachitis" and "mollities ossium," he believed many separate and distinct forms of disease were included. There was a form of disease in which the marrow of the bones became converted into a cheesy substance, and the bones were softened. This was a species of disease which he believed was not described in books, or if so, it was under the general name of "rachitis."

Disease of the Breast.—"This woman, Gentlemen," said Mr. Brodie, "has got a tumour of the breast, accompanied with lancinating pains towards the nipple, and enlarged glands of the axilla. The tumour is a hard one, and adhering to the integuments. She is thirty-five years of age, and has had this tumour ever since she bore twins—now, I believe, about two years since. Now this tumour may either arise from chronic inflammation of the glands of the breast, or from scirrhus. I believe myself that the chances are five to one in favour of the latter, but I should not recommend an operation in her case. Together with this affection of the breast, she has many other anomalous symptoms. She has cough, which she has had for two years, without increasing. She has pain in the abdomen, which is not the seat of any disease; she cannot bear it to be pressed, or touched, without complaining of great pain; she has also had fits since the fourteenth year, which have now so much diminished, that she has only two in a twelvemonth; during these fits she laughs and cries very much; when you speak to her, she never looks up; she never menstruated until her twenty-first year. Now all these symptoms are decidedly hysterical ones." Mr. Brodie ordered her *infusion of valerian*, with the *ammoniated tincture*, but at the patient's request she was made an out-patient.

Cutaneous Diseases.—"In cases of skin-disease, you will find a very good caustic application in one part of *muriatic acid*, and three parts of *tinctura ferri muriatis*. There was a lady born, not with an eruption of the skin, but with a disorganized structure of the skin over the side of the neck. Well, she grew up with this, and when she came of age, she was obliged to wear a different dress from every one else, and could not well go out into society. I was consulted about her, and when I saw her the eruption consisted of little minute excrescences on the skin. I touched them lightly with the nitric acid, so as not to affect the cuticle between them, and immediately washed it off with water, and in the course of time they all went away."

The Pulse.—"After erysipelas, the pulse will sometimes keep up very high. I know a boy who had erysipelas, and his pulse kept up to ninety for two months afterwards."

Quinine.—There is a patient in the hospital, whose knee is being treated with blisters for inflammation of the synovial membrane. She has lately had a sort of intermittent fever every day, supposed to depend upon the epidemic influenza, which has affected many patients in the hospital. For the cure of this fever, she took twelve grains of quinine, which at once cut it short. Mr. Brodie remarked, that quinine sometimes required to be pushed to much larger doses before it would effect a cure. He once attended a medical man who had intermittent pain of the back, which came on most violently every morning at four o'clock, and with him the quinine had to be pushed to 30 grains before it cured him.

"In Burns,—if the *cuticle only* be destroyed, it will very soon heal; but if the cutis below is burnt, you have a nasty troublesome slough, and it is a long time before it heals. Sometimes the cutis is only half burnt through, and then you have a smaller slough, and you find the surface covered with minute, red, pin-like points. These are the remains of the papillæ.

Malignant Disease of the Penis.—Mr. Johnson asked Mr. Brodie to examine a case of this nature which was in the house under the care of Mr. Hawkins. The man had originally had *phymosis*, but whether natural, or produced by injury, could not be ascertained. He had lancinating pain in the glans penis, and, on his admission into the hospital, the sore had a phagedenic appearance, which has recently changed to one of a fungous warty nature. The surface bleeds a good deal, and the edges have lately overgrown much, increasing the malignant appearance of the disease. Mr. Brodie having examined the case, and noticed much induration of the corpus spongiosum above the seat of the disease, said, "Such cases are like cases of cancer of the breast; you can only remove part of the disease; for

if you amputate the glans penis, in which the disease exists, it will appear in the corpus spongiosum, which is of the same organized structure as the glans. These cases of malignant disease of the penis almost invariably return. I knew of one case in a gentleman who died three years afterwards of some other complaint, and in him it did not recur, but in such cases as I have watched I have found the disease return. I do not know what the result has been of those of them, the progress of which I have not been enabled to note after amputation. This malignant fungoid disease commences by the formation of tubercles of about the size of the top of the little-finger, which are very red, and appear to contain blood. One after another of these forms, and in the midst of one of them there springs up a fungous growth, which in time increases to a large cauliflower excrescence over the glans of the penis. Most of these cases begin with some simple disorganisation, and end in malignant disease. One of the late king's grooms was placed under my care by the Duke of Queensberry many years ago. He had congenital contraction of the orifice of the urethra, yet twenty years afterwards he had malignant disease from this congenital defect."

The case of diseased penis, noticed above, would have been operated on by Mr. Hawkins, but the patient left the hospital, fearing to undergo the operation.

Ulcer of the Face.—Mr. Brodie examined a case of ulcer of the face, which is under the care of Mr. Walker; it presented nothing unusual in its appearance. The girl had had it for six years, and it had resisted all attempts to heal it. Mr. Brodie inquired what Mr. Walker meant to do to it. Mr. Cooper replied, that Mr. W. meant to treat it with the oxyde of bismuth. "He may do so," said Mr. Brodie, "but he will not heal it. The external ulcer is not in these cases the cause, but the effect, of some deeper-seated disease of the skin beneath. A gentleman came to me once with an ulcer of this kind, which had resisted the attempts of many surgeons to cure. It had healed over, and then broken out afresh again. I tried various remedies with it, but to no purpose, and at last I dissected it out, and on making a section of it, I discovered a thin layer of brown matter at the base. I attended a similar case with Mr. Lawrence, and then, on dissecting out the ulcer, we found a similar layer of brown matter. I once knew a case in which it spread to such an extent as to cause the patient's death. The late Dr. Thomson's father had a similar ulcer of the face, and it never healed over till he was dying of typhus fever."

Disease of the Cervical Vertebræ.—There is at present a boy with diseased cervical vertebræ under the care of Mr. Brodie, who remarked that such cases in the lower classes seldom quite recovered. They were brought to the hospital, he said, but they were not able to remain a sufficient time for the disease to be cured. "In private practice," however, Mr. Brodie observed, "such cases do recover, because they can receive constant, friendly, and medical care, day after day, for some years, and by such soothing attentions they do sometimes recover. In the case of the boy, I am not certain whether the disease is in the bone.

"I have frequently remarked, that in cases of disease of the cervical vertebræ, the patients hold their head with their hands, and often complain of great pain in the region of the temples."

OPERATIONS.

April 25. There were two operations performed to-day. The first was a case of disease of the metatarsal bone supporting the great-toe. The skin was divided by Mr. Brodie, angular-wise, down to the bone, and the flap dissected off, when the portion of bone was found exfoliated, and lying loose in the wound; the wound was again closed, and the man sent to bed. Mr. Brodie remarked to the pupils present, that the operation had turned out to be a simpler one than he had at first anticipated. Had not the bone been exfoliated, he should have removed the diseased portion with the trephine. He saw no reason for supposing that the man would not recover with a very good foot. His great-toe would be shorter, but it was of very great consequence to him to save the great-toe, as in walking the whole weight of the body came upon it, and a man without it was necessarily lame.

The next operation was one for cancer of the lower lip. Mr. Hawkins cut out the diseased portion with a bistoury, and brought the edges together with sutures.

May 2. There were three operations performed to-day. The first was a case of extensive necrosis of the tibia. Mr. Keate removed many sequestræ of bone, in doing which the bone was extensively laid bare, and several arteries were secured. Mr. Hawkins amputated a leg above the knee in a case of diseased knee-joint; and upon the amputated limb being examined, there was found to be extensive ulceration of the cartilages of the joint, with destruction of the ligaments, and disease of the synovial membrane.

MIDDLESEX HOSPITAL.

INJURIES FROM A FALL.

MARGARET KING, ætat. 40, was admitted into Northumberland Ward on the 9th of February, 1833, under the following circumstances. She was employed on the previous evening at a window in a second-story floor of a house in Nassau-street, when she fell into the street, and was taken up in a state of perfect insensibility, and carried soon after to the Hospital. She fell on the right side of her face, and the skin over the malar and lower jaw-bones on that side was torn off, and the parts were highly inflamed. The portio dura was also injured, for in the acts of laughing, crying, sneezing, or talking, there seemed to be no action of the muscles on that side, nor has there been any since. She complained of her hip at the time of entering the hospital, but the general pain in that part ceased after three days; yet, whenever the affection of the side of her head became particularly painful, which often happened in the night, the hip and thigh sympathised with it, and she described the effect to be that of shooting pains, commencing at the lower part of the hip, and extending downwards, and ceasing on the cessation of the pain in the head. There was far less sensation on the affected side than on the other. When pinched with severity, however, she felt pain. The right eye, which was blood-shot at her entrance, continued for some time in that state.

℞ *Calomel*, five grains, immediately;
Leeches, ten, to the temples.

14th. Feels better since the leeches were applied. The pain in the head has decreased. Whenever the pain which she described as existing in her hip remits, it is succeeded by a sensation of coldness down the side of her thigh and legs.

℞ *Compound colocynth pill*, one drachm; ten grains to be taken every night at bed-time;
Leeches, five, to the temples, with two under the right eye;
Use the *foot-bath* at night.

21st. Continues in the same state as regards the general symptoms, but says that the pain of the cheek is less; no abatement, however, of the hip and thigh affection. Complains of coldness in both feet. Middle diet; continue the pill, and the use of the bath.

26th. Spent the last three nights very restlessly, in consequence of the extreme pain of her thigh and hip. She thinks there is a slight diminution of the pain in her head.

℞ *Compound colocynth pill*, one drachm;
Opium pill, ten grains; mix, and divide into fifteen pills, one to be taken twice a day.

March 1. Very slightly relieved from the hip affection; head the same as before; catamenia regular. Whenever the head affection becomes intense, the pain shoots towards the mammæ.

Continue the *comp. colocynth and opium pill*, one to be taken twice a day.

5th. Very slight relief obtained yesterday evening at seven o'clock; she was attacked with violent cramps of the left leg and thigh, which continued for half an hour, and shortly after the pain increased in the right leg and thigh, and continued till morning. Feels considerable thirst, and loss of appetite.

Let her have a soda draught every four hours.

℞ *Infusion of gentian*, eight ounces;
Tincture of valerian, two drachms;
Tincture of calumba, one ounce; a tablespoonful to be taken twice a day;
Continue the *compound colocynth and opium pill*.

7th. The mixture created a degree of nausea after she had taken it twice, which caused her to desist from its use until this morning. The cramps have not returned, but her pains are nearly the same as before. Her stomach is somewhat better. She requested that something might be given her to cause sleep, as she had obtained none for the last two nights.

℞ *Comp. colocynth pill*, half-a-drachm;
Opium, ten grains; divide into twelve pills, one to be taken at bed-time.

9th. Her affection is as severe as before. When the pain in the head is very severe, it shoots towards the neck and lower jaw. Spent two sleepless nights. Stomach somewhat better. Let her have

Soap pill, six grains;
Calomel, two grains; make two pills, to be taken every two hours, and apply five *leeches* to the temples immediately.
Discontinue the mixture.

11th. Head rather easier, but the pain in hip and thigh as severe as ever during the night, shooting downwards towards her ancle and foot every quarter of an hour, which prevented sleep. Appeared quite drowsy, and as if recovering from the effects of inebriation.

Continue the *colocynth and opium pill*, one to be taken at bed-time.

March 13th. The right side of the face, and particularly the lower jaw-bone, were hitherto so painful, that she could not bear

to have them touched, but the pain having in some degree abated to-day, she permitted an examination, when it was discovered *that the lower jaw-bone was fractured at the right side*. The right eye also seemed swollen, and the sight was very much diminished when the tears came forth, which they have continued to do for the last fortnight in abundance. They roll over the centre of the eye-ball, while the left eye secretes scarcely any. Cont. *colocyn.* and *opium* at night, *six leeches* to the right eye.

15. Head very painful during the night; constant darting pains from the right side towards the head, neck, and chest, till morning, when they were succeeded by frequent attacks in the hip and spine. Add 1 gr. *calomel* to the *col.* and *opium*; a blister to the lower part of the spine, and to-morrow a hip-bath.

17. Has had two baths, from which she thinks she derived relief; the blister has risen, and there has been a great discharge, but no sensible alleviation of pain in the spine. Eye again swollen, and the sight daily diminishing. Sir Charles Bell saw her at the visiting hour, and requested that she might be pinched on the affected side of the face. This was done, but she did not seem to feel it in the least. Yet the action of the muscles continued as usual, and he remarked that this case illustrated his theory, "that though sensation might be destroyed, the muscular force continued the same." The patient was referred to by him in his next lecture (March 28) at the College of Surgeons. She complains of pain down her right side and over the region of the liver. *Two leeches* to the upper eyelid, and in the evening let it be poulticed. *Col.* 2 grs.; *cal.* 2 grs.; *belladonna* ¼ gr., in a pill at bed-time.

19. Slept little for the last two nights from the pain in her side and hip. The latter is constant, that in her side occasional, shooting from the arm-pit downwards; the pain over the liver more constant. Poultice has greatly reduced the inflammation of the eye. Pain in her head still. *Col.* 4 grs; *belladonna* 1 gr., in a pill at night; a hip-bath this evening. Cupping to one ounce over the liver.

21. Better, except in her head, where the pain passes like electric shocks through the brain. Last night the pain in her hip, when severe, descended to her legs and toes. Cont. *col.*; and *belladonna* 10 grs.; *Dover's powder* at bed-time; the bath in the evening, and a small blister to the back of the neck.

23. No relief. Sight nearly gone. The pain in her side has now extended to the spine, attacking sometimes the middle, but mostly the lower part. Severely purged during the night. *Soap pill* 4 grs.; *belladonna* 1½ gr., at bed-time; *Dover's powder* 12 grs. in the evening; *Soda powders* in her drink as often as required. Let 3 drops of *sol. sulphate of zinc* be dropped into the eye, and the poultice be continued.

25. Perspired much last night, but not relieved as anticipated. Continue medicines as last ordered. Let a caustic issue be made about the middle of the spine at its right side.

27. Great pain from the issue, but no discharge. The eye very irritable from using the drops, and she requested they might be discontinued for a few days. She presents a melancholy appearance, and was often incoherent in her answers and remarks, attributable, probably, to a want of sleep, as for the last week she has only dosed a little towards morning. The slightest noise awakes her. While in this state she often gives utterance to the most bizarre ideas.

Pill of *colocyn.*, *opium*, and *belladonna*. Hip-bath at night. Discontinue the *sol. sulph. zinci*. *Dover's powder* in the evening.

29. Has suffered an attack of influenza, and a very great aggravation of her other ailments. Great thirst; tongue white and furred; bowels confined. *Colocynth* 2 grs., *rhubarb* 2 grs., *belladona* 1 gr.; presently. *Aq. ammon. acet.* 6 ounces; *tincture of opium* 30 drops; *tincture of squills* 1 drachm. A tablespoonful to be taken occasionally when the cough is urgent. Continue *Dover's powder*.

31. The cough very severe; head worse, probably from her stomach being in such a state that for the last two days she has rejected everything.

April 6. The cough easier. The sight is quite gone in the diseased eye; on pinching the muscles on that side there is no sensation, but their action is unimpaired. Continue cough mixture; *colocynth* 2 grs.; *soap pill* 1 gr.; *belladonna* 1½ gr.; make into a pill, to be taken at bed-time.

10th. The influenza nearly abated; spine, hip, and leg, very painful; head not so bad; but want of sleep has produced an appearance of inebriation. Incoherent. Let *moxa* be applied to the side of the spine. The hip and thigh to be rubbed with *camphorated oil*.

12. The moxa gave her great pain. Screams every two minutes from the darting pains in her spine; lower extremities easier; head very bad. *Camphor mixture* 2 ounces; *opium* 20 drops; a teaspoonful every four hours to allay the nervous irritation. A pill of colocynth and belladonna.

18. The medical attendant seemed gratified at the amendment which was visi-

ble to-day, but expressed his doubts as to its durability, from the debility of her constitution. Continue the pill. The bath at night.

20. The pain in her head since last visit has been trifling, and confined to the temple. On pinching the right side of the face there was more sensation than formerly, but the sight of her right eye is entirely lost, and the upper eyelid is swollen and tender; spine and hip less painful, and her appearance much better, having slept well for the last few nights. Continue pills and bath, and poultice the eye with linseed.

22. No pain in head; some severe attacks in the spine and hip. *Camphorated oil* to the hip and thigh.

24. Not so well. Back very painful when dressing the issues. Complained to-day for the first time of retention of urine during the night; pressure over the bladder gave her great pain; her head affected only at intervals. More sensation on the right side of the face than before since her entering the house. *Comp. colocyn. pill* 2 grains; *belladonna* 2½ grains, in a pill, two of which are to be taken daily. *Ext. belladonna* 3 drachms; *camphorated oil* 2 drachms. Let a liniment be made, with which the left side of the head is to be rubbed.

26. No attack in her head since last report, which she attributes to using the liniment; pain of the spine worse, and greatly increased on dressing it; bladder relieved with the catheter.

30. No affection of the head or face, and on pinching the muscles of the right side, she screamed for the first time. The poultice has removed the inflammation of the eye, but the sight is lost; hip and thigh painful, but the spine much better. Catheter used twice since the last direction for its employment. In addition to the pills, bath, and Dover's powder; *sweet spirits of nitre* 10 drops, three times a day, were ordered.

May 2. Better. No further necessity for using the catheter. Use the nitre mixture, a teaspoonful three times a day.

4. Short but severe attack of the spine since last visit; discharge from the sore in her back very great; liniment has kept off pain in her head and face. Says herself that she has derived the greatest advantage from it, and still perseveres in its use, although the necessity for it seems gone. Ordered a pill of *colocynth* and *calomel*. Discontinue the bath. Continue *Dover's powder* and the nitre mixture, a teaspoonful once a day.

6. Feels very well, and requested to be put on full diet, which is not to be complied with for a few days. Discharge from the back very great; but the dressings accompanied by less pain; the hip and thigh weak, but not painful. She attempted to walk yesterday, but was obliged to desist. *Comp. colocyn.* pill 5 grains; resume the bath, but discontinue the other medicines.

NOTICE.—SKETCH OF PROFESSOR ELLIOTSON.—In consequence of this week being what is called in "the trade," *magazine-week*, as well as "Whitsun-week,"—two circumstances which have materially interfered with the mechanical arrangements of the printing-office, there having been, in fact, increased work to do, although, by prescriptive usage, a holiday time, and a short week, we have found it impossible to attach our biographical sketch of Professor Elliotson to the pictorial sketch of that eminent physician which accompanies our present Number. We beg, however, to announce its insertion positively in the next LANCET, when our readers can readily transpose the plate to a juxta-position with the memoir, which shall have such a place assigned it in the number that will admit of the pen and pencil sketches facing each other.

P. J. C. Not if the circumstance of his possessing a license to practise in the country only, be detected by the defendant, or discovered in court.—*Medicus.* We approve of the sentiments, and have already promulgated them in five hundred and nine Numbers of this Journal.—*G. G.* The Act does not prohibit post-mortem examinations in private practice.—*A Subscriber*, Birmingham. Two years and a half will be sufficient, if the gentleman to whom he has already been apprenticed be legally qualified to practise as an apothecary.—*Mr. Costello's* case next week.—*Mr. Keith's* communication has been received.—*A Stud. of the Univ.* The publication of some of the items was an oversight, and though we must ourselves of course regret the appearance of that in print which it was not intended should appear, yet we trust that no really sensible student will allow himself to feel aggrieved on the occasion. The "motive" was a very proper desire to promulgate information relative to a system which deserves adoption in other similar instances.—The "Remarks on the Memorial of the Society of Apothecaries, submitted on behalf of the Edinburgh College of Surgeons," shall be noticed by us next week.

ERRATA.—In Dr. Clanny's paper, page 233, line 31, for "cupped flask," read "capped flask." Lines 36, 37, for "except about in one part, which was of the size of a shilling,—a fibrine," read "except about the size of a shilling of fibrine," &c.—Page 234, line 44, dele "containing the blood."—In the article at page 73, Dr. Clanny says, that "in the prescription for using the compound drops, he ought to have written 'ex ʒiiss aquæ communis,'" and that the 18 ozs. of blood alluded to should have been 14 ozs.

In the table in the London University report, page 291, the figures 62 and 57, in columns 6 and 7, should be severally transposed. The two silver medals were not given as 1st and 2nd in this class but as of equal value. The first five mottos were given unintentionally in the table.